

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011044

FILED VS APR 4 1960 149

Registration District No. Primary Registration District No. 1002 Registrar's No. 1631

STATE FILE NUMBER

|  |  |   |  |   |   |  |   |  |  |  |  |                              |  |
|--|--|---|--|---|---|--|---|--|--|--|--|------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                  |   |  |   |  |  |  |  |                              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Kansas City</b>   |  | Length of stay in 1b<br><b>2 years</b>  |  | c. CITY OR TOWN <b>Kansas City</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |  |  |  |                              |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Osteopathic Hospital</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>     |   | d. STREET ADDRESS (If outside, give location)<br><b>1559 Colorado</b> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |  |  |                              |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Bradley</b> , Middle <b>M.</b> Last <b>Kennedy</b>  |  |   |  | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>18</b> Year <b>1960</b>   |   |  |   |  |  |  |  |                              |  |
| 5. SEX<br><b>male</b>  |  | 6. COLOR OR RACE<br><b>white</b>  |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>8/26/1935</b>   |   | 9. AGE (last birthday)<br><b>24</b>                        |  | IF UNDER 1 YEAR<br>Months Days Hours Min.  |  | IF UNDER 24 HR<br>Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Student</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>National College</b>                             |   | 11. BIRTHPLACE (City and state or country)<br><b>Canton, Penna.</b>   |  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                  |  |  |  |                              |  |
| 13a. FATHER'S NAME<br><b>Rush D. Kennedy</b>   |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Ollie Woodcock</b>  |   |  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Marybelle D. Kennedy</b> |  |  |  |                              |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |  |   | 16. SOCIAL SECURITY NO.<br><b>206-26-2108</b>  |   | 17. INFORMANT<br>Address<br><b>Marybelle Kennedy K. C., Mo.</b>       |  |   |  |  |  |  |                              |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cardiac arrest + Renal failure</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Overwhelming septicemia &amp; cellulitis of throat</b><br>DUE TO (c) <b>Infected tooth socket</b> |  |   |  |   |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 1/2 hours</b><br><b>5 days</b>  |  |                              |  |
| PART II. OTHER SIGNIFICANT CONDITIONS/CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  |   |  |   |   |  |   |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |                              |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |  |   |  |  |  |  |                              |  |
| 20c. TIME OF INJURY<br>Hour<br>a.m.<br>p.m.  |  | Month, Day, Year  |  |   |   |  |   |  |  |  |  |                              |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) |   |   | 20f. CITY, TOWN, OR LOCATION   |   | COUNTY   |  | STATE  |  |                              |  |
| 21. I attended the deceased from <b>3/15-60</b> to <b>3/18/60</b> and last saw her/him alive on <b>3/18/60</b><br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |  |   |   |  |   |  |  |  |  |                              |  |
| 22a. SIGNATURE<br><b>Shower N. Gillum DO</b>   |  |   |  |   | 22b. ADDRESS<br><b>926-E-15th</b>                                     |  |   | 22c. DATE SIGNED<br><b>3/19/60</b>                         |  |  |  |                              |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |  | 23b. DATE<br><b>3/19/60</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Canton Cemetery</b>  |   |  | 23d. LOCATION (City, town, or county) (State)<br><b>Canton, Penna.</b>                |  |  |  |  |                              |  |
| 24. FUNERAL DIRECTOR<br><b>Earp &amp; Sons Mortuary K.C., Mo.</b>  |  |   |  | ADDRESS   |   | 25. DATE RECD. BY LOCAL REG.<br><b>3-19-60</b>                                       |   | 26. REGISTRAR'S SIGNATURE<br><b>Neve Marshall</b>          |  |  |  |                              |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Grover N. Gillum

Dr. Williams

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed William H. Epps

Licensed Embalmer No. 4728

P. O. Address K.C. Mo.

Note: The above ~~MUST BE SIGNED~~ BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.