

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011258

FILED VS. APR 11 1960 149

1805

STATE FILE NUMBER

ENDED

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

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b Life		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Paseo Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3433 Paseo		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Anna Middle M. Last Stenson				4. DATE OF DEATH Month 3 Day 25 Year 60					
5. SEX Fe.	6. COLOR OR RACE Wh.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-6-1870	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Thomas Haire			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE James D. Stenson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Richard Stenson 441 W. 34 St. KCMO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Insufficiency DUE TO (b) Arterio-sclerotic Heart Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 1 day UNKNOWN		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour Month, Day, Year a.m. p.m.									
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 March 15, 1960 to March 25, 1960 and last saw her alive on March 15, 1960 Death occurred at _____ on the date stated above, and to the best of my knowledge from the causes stated.									
22a. SIGNATURE (Do not write in title) Kenneth A. Davis M.D.				22b. ADDRESS 1151 Plaza Theater Bldg, Kansas City, Mo.		22c. DATE SIGNED 3-28-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-29-1960		23c. NAME OF CEMETERY OR CREMATORY St. Mary's		23d. LOCATION (City, town, or county) Kansas City		STATE Mo.	
24. FUNERAL DIRECTOR Melody-McGilley-Eylar				ADDRESS 20 W. Linwood		25. DATE RECD. BY LOCAL REG. 3-28-60		26. REGISTRAR'S SIGNATURE Reva Marshall	

DOCUMENT

Kenneth A. Davis MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Kenneth Doni
Plaza Theatre
after 12 n

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 W. H. Dent _____

Licensed Embalmer No. 5038

P. O. Address K. C. Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.