URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUN 17 1960

60-023246

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3057

ENDED

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 73 yrs. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 462 Highland Ave. — Inside Limits Yes XX No ☐	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Kansas City — Inside Limits Yes XX No ☐ d. STREET ADDRESS (If outside, give location) 462 Highland Ave. — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First Amos; Middle Earl; Last Kirchner

4. DATE OF DEATH: Month June; Day 4; Year 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-24-68

9. AGE (last birthday): 91

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): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (City and state or country): Douglas Co. Kansas

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Henry Kirchner

13b. MOTHER'S MAIDEN NAME: Rose Dillenbeck

14. NAME OF HUSBAND OR WIFE: Mayme Kirchner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mayme Kirchner Address: 462 Highland Ave. K.C.MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hypostatic Pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cardiac Failure

DUE TO (c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 4/13/60, to 5/26/60 and last saw ~~her~~ him alive on 5/26/60

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Manuel J. Blando (Degree or title) DO

22b. ADDRESS 6516 Indep. Ave.

22c. DATE SIGNED 6/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION

23b. DATE JUNE 7, 1960

23c. NAME OF CEMETERY OR CREMATORY D. W. NEWCOMER'S SONS

23d. LOCATION (City, town, or county) KANSAS CITY MO. (State)

24. FUNERAL DIRECTOR D.W. Newcomers Sons Kansas City, Mo. ADDRESS

25. DATE RECD. BY LOCAL REG. 6-7-60

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Manuel J. Blando

DOCUMENT

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_____ Signed Vern Lawler

Signature of Student Embalmer

Licensed Embalmer No. 4915

P. O. Address K C, Mo

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