URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-023494
STATE FILE NUMBER

FILED VS JUL 12 1960 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 320

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1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ~~Kansas City~~ Independence — Length of stay in 1b: 8 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 416 E.College(N.H.) — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Wyandotte
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 949 Ella — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: IVA Middle: LEE Last: KNISLEY
4. DATE OF DEATH: Month June Day 30 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7/7/1877
9. AGE (last birthday): 82 yrs.
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): homemaker
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Bates Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James Whitsides
13b. MOTHER'S MAIDEN NAME: Henriette (unknown)
14. NAME OF HUSBAND OR WIFE: John A. Knisley (Dec.)
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: Lena C. Mullens Address: K.C.Ks.

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): Acute myocardial failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Cerebral vascular accident
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

BY AFFIDAVIT OF

21. I attended the deceased from 6-30-60 to 6-30-60 and last saw her/him alive on 4:30 pm 6-30-60
Death occurred at 8 am/pm on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Harry L. Holiday (Degree or title) M.D.
22b. ADDRESS: 1300 N. Cottage Indep. Mo.
22c. DATE SIGNED: 7-1-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7/5/60
23c. NAME OF CEMETERY OR CREMATORY: Maple Hill Cem.
23d. LOCATION (City, town, or county) (State): Kansas City, Ks.
24. FUNERAL DIRECTOR: Geo. F. Porter & Sons ADDRESS: K.C.Ks.
25. DATE RECD. BY LOCAL REG.: 7-5-60
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Signature of Student Embalmer

Signed Howard L. Porter

Licensed Embalmer No. 3751

P. O. Address 19th & Minne
Kansas City,

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.