

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026953

FILED VS AUG 8 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3756

STATE FILE NUMBER

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 lb 62 Years		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 St. Mary's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5127 Tracy		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Alice Middle Monica Last KENNALEY				4. DATE OF DEATH Month July Day 20 Year 1960					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-4-98	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager			10b. KIND OF BUSINESS OR INDUSTRY Livestock Comm. Co.		11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Daniel Kennaley			13b. MOTHER'S MAIDEN NAME Mary Hennessey			14. NAME OF HUSBAND OR WIFE Mrs. Chas. Lynch 5127 Tracy K. C. Mo.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 195-03-2751		17. INFORMANT Mrs. Chas. Lynch 5127 Tracy K. C. Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident DUE TO (b) Hypertensive Cardiovascular DUE TO (c) Atherosclerotic Heart Disease 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown								INTERVAL BETWEEN ONSET AND DEATH 48 hours Years Years	
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 March 1960 to 7-20-60 and last saw her alive on 7-19-60 Death occurred at 1:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Emery R. Calovich MD (Degree or title)				22b. ADDRESS 4620 J Nichols			22c. DATE SIGNED 7/20/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-22-60	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) Kansas City, Missouri		STATE		
24. FUNERAL DIRECTOR Melody-McGilley-Eylar 1800 E. Linwood				25. DATE RECD. BY LOCAL REG. 7-20-60		26. REGISTRAR'S SIGNATURE new Marshall			

DOCUMENT

BY AFFIDAVIT OF
Emery R. Calovich
MEDICAL CERTIFICATION

DR. CALOVICH
4620 J. C. NICHOLS

1 - 5 p.m. WED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur Eugene Hoover

Licensed Embalmer No. 49

P. O. Address 120 W

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