

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029896

FILED VS SEP 15 1960 59

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 4077 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY <u>CASS</u>			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>CASS</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HARRISONVILLE, Mo.</u>		Length of stay in 1b	c. CITY OR TOWN <u>GARDEN CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MEMORIAL HOSP.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>A.</u> Last <u>KINNAMON</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>9</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 1, 1885</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CARPENTER</u>	11. BIRTHPLACE (City and state or country) <u>MALTA Bend Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>ALBERT C. KINNAMON</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE KUNTZ</u>		14. NAME OF HUSBAND OR WIFE <u>ANNIE P. KINNAMON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>420-20-7002</u>		17. INFORMANT <u>Lennie P. Kinnamon</u> Address <u>Garden City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral embolism</u> DUE TO (b) <u>Arterial fibrillation</u> DUE TO (c) <u>Atherosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
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 _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>February 1960</u> to <u>9-5-60</u> and last saw <u>him</u> alive on <u>9-5-60</u> Death occurred at <u>1:32 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Edward S. Jones</u> (Degree or title) <u>MD</u>			22b. ADDRESS <u>Harrisonville, Mo</u>		22c. DATE SIGNED <u>9-5-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Sept. 7, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY Mo.</u>		
24. FUNERAL DIRECTOR <u>Kepley-Hinton</u> ADDRESS <u>Raytown, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Sept 7-1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Gay Seabee</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

John R. Bidman

Licensed Embalmer No. 453

P. O. Address Kansas City

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.