

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035085

FILED VS SEP 26 1960

149

Primary Registration District No. 1002

Registrar's No. 4643

STATE FILE NUMBER

INDEXED

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 60 YEARS	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5801 MCGEE STREET
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EARL Middle KENNETH Last TOWNSDIN			4. DATE OF DEATH Month SEPTEMBER Day 4 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/7/1886	9. AGE (last birthday) 73 YR.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRESIDENT		10b. KIND OF BUSINESS OR INDUSTRY (REAL ESTATE) KELLY-TOWNSDIN CO.	11. BIRTHPLACE (City and state or country) CONCORDIA, KANSAS	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CHARLES W. TOWNSDIN		13b. MOTHER'S MAIDEN NAME SARAH GLASEY		14. NAME OF HUSBAND OR WIFE MARY JANE TOWNSDIN	
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. 486-07-4871	17. INFORMANT MARY JANE TOWNSDIN Address 5801 MCGEE KANSAS CITY, Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Thrombosis		5 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Post-operative resection of it colon		3 days
DUE TO (c) Carcinoma of the ascending colon		1 week
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 checked="" type="checkbox"/> NO <input 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				
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 August 30th, 1960 to 9/4/60 and last saw her him alive on 9/4/60
Death occurred at 11:40 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Edward H. Klein M.D.		22b. ADDRESS Plaza Med. Bldg KC-12-Mo		22c. DATE SIGNED 9/6/60
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE SEPT 7, 1960	22c. NAME OF CEMETERY OR CREMATOR CALVARY CEMETERY	22d. LOCATION (City, town, or county) KANSAS CITY MISSOURI	
23. FUNERAL DIRECTOR D.W. NEWCOMERS SONS ADDRESS 1331 BRUSH CREEK BLVD.		25. DATE RECD. BY LOCAL REG. 9-10-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Edward H. Klein

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 Raymond M. Hard

Licensed Embalmer No. 4913

P. O. Address Indep. M

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.