RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-038418

STATE FILE NUMBER

FILED VS OCT 27 1960 149

Registration District No. 1002 Primary Registration District No. Registrar's No. 5089

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in Ib: 37 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Lukes Hospital — Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: KAnsas City — Inside Limits: Yes # ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5845 Blue Hills Rd. — Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First: William Middle: M. Last: Janney
4. DATE OF DEATH: Month: Oct. Day: 8, Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married # Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: March 18, 1891
9. AGE (last birthday): 69 — 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 Research Chemist
10b. KIND OF BUSINESS OR INDUSTRY: Standard Oil Co.
11. BIRTHPLACE (City and state or country): Greenwood County Kas.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Charles Janney
13b. MOTHER'S MAIDEN NAME: Lucy Barrier
14. NAME OF HUSBAND OR WIFE: Dorothy D. Janney
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.: 486-03-0658
17. INFORMANT: Dorothy D. Janney Address: Same

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Coronary Thrombosis — 48 hrs
DUE TO (c): Arteriosclerotic Heart Disease — 5 yrs
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

MEDICAL CERTIFICATION

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 6/10/54, to 10/8/60 and last saw ~~her~~ him alive on 10/8/60
Death occurred at 3.00 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert W Hamill (Degree or title) MD
22b. ADDRESS: Kansas City, Mo
22c. DATE SIGNED: 10/10/60

BY AFFIDAVIT OF Robert W. Hamill

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/11/60
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park
23d. LOCATION (City, town, or county) (State): Kansas City Mo.
24. FUNERAL DIRECTOR: Stine & McClure ADDRESS: K.C. Mo.
25. DATE RECD. BY LOCAL REG.: 10-10-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

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_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.