

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041985

FILED VS NOV 17 1960

149

Primary Registration District No. 1002

Registrar's No.

5416

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 1b 47 YRS.	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. LUKES HOSPITAL	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1224 W. 72ND TERRACE	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CHARLES DANIEL FENNING			4. DATE OF DEATH Month Day Year OCTOBER 27 1960		
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 24 1912	9. AGE (last birthday) 47	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES DIRECTOR		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state of country) KANSAS CITY, MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME FRANK J. FENNING		13b. MOTHER'S MAIDEN NAME SALLY HARRINGTON		14. NAME OF HUSBAND OR WIFE MARY F. FENNING	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES U.S. AIR FORCE		16. SOCIAL SECURITY NO. 122-01-9971	17. INFORMANT Address MRS MARY FENNING-1224 W. 72ND TERRACE		

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 HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 6 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

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 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 **Nov 52** to **27 Oct 60** last saw her/him alive on **27 Oct 60**
Death occurred at **3:32** P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John F. McDonnell, M.D.	22b. ADDRESS 315 N. Nichols Road Kansas City Missouri	22c. DATE SIGNED 27 Oct 60
--	---	--------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-29-1960	23c. NAME OF CEMETERY OR CREMATORY Mt Olivet	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
24. FUNERAL DIRECTOR MUENLEBACH	ADDRESS 6800 TROOST	25. DATE RECD. BY LOCAL REG. 10-28-60	26. REGISTRAR'S SIGNATURE H-L-Dwyer

DOCUMENT

BY AFFIDAVIT OF JOHN F. Mc DONNELL MEDICAL CERTIFICATION

100-10-581

1971

Dr. W. W. Linnell

Va. 1-3243

P.O. Box 100, Blaq.

7:30 AM

100-10-581

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 Clare V. Can, Jr.

Licensed Embalmer No. 4934

P. O. Address KC 14, Mo

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

100-10-581 - 100-10-581