

I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048765

PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6582

STATE FILE NUMBER

FILED VS JAN 23 1961

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | Length of stay in 1b <u>30 yrs</u> | c. CITY OR TOWN <u>Kansas City</u> | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>V.A. Hospital</u> | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>532 Gladstone</u> | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|--|-------------------------------|---|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>Taylor</u> Last <u>Mc Aninch</u> | | | 4. DATE OF DEATH Month <u>12th</u> Day <u>27th</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>9-3-91</u> | 9. AGE (last birthday) <u>66 yrs</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trans Assistant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Transportation</u> | | 11. BIRTHPLACE (City and state or country) <u>Nevada, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>John W. McAninch</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha I. Taylor</u> | | 14. NAME OF HUSBAND OR WIFE <u>Hazel McAninch</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>WWI</u> | | 16. SOCIAL SECURITY NO. <u>499 07 3645</u> | | 17. INFORMANT <u>Hazel McAninch, Wife, K.C., Mo</u> | |

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|---|--|--|
| 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>carcinoma of left lung</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 |

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|--|---|--|---|
| 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 _____ 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 December 21, 1960 to December 27, 1960 and last saw him on and last saw him on .
Death occurred at 3:00p on the date stated above, and to the best of my knowledge, from the causes stated.

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|--|-----------------------------|---|--|----------------------------------|
| 22a. SIGNATURE <u>R. H. Owings</u> (Degree or title) | | 22b. ADDRESS <u>V.A. Hospital, Kansas City, Mo</u> | | 22c. DATE SIGNED <u>12-28-60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12/30/1960</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>C. H. Blackburn & Son K.C., Mo</u> ADDRESS _____ | | 25. DATE RECD. BY LOCAL REG. <u>12-29-60</u> | 26. REGISTRAR'S SIGNATURE <u>H. L. Dwyer</u> | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

R. H. Owings
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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bert B. Bennett

Licensed Embalmer No. 465

P. O. Address N.C.

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.