

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005387

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 754

STATE FILE NUMBER

AMENDED

FILED VS MAR 1 1961

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 25 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 3905 East 26th			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3905 East 26th			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Verne Middle Ray Last Kinchelow				4. DATE OF DEATH Month 2 Day 11 Year 61			
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-27-35	9. AGE (last birthday) 25	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) Pantry Helper			10b. KIND OF BUSINESS OR INDUSTRY Resturante		11. BIRTHPLACE (City and state or country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Verne Ray Kinchelow Sr.			13b. MOTHER'S MAIDEN NAME Dolores J. Wilson		14. NAME OF HUSBAND OR WIFE Daisy B. Kinchelow		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes WW #2			16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Dolores J. Wilson 2433 Cleveland			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Congestion + Edema DUE TO (b) _____ DUE TO (c) Asphyxiation 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							INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fumes from Defective Furnace				
20c. TIME OF INJURY 1:40 a.m.		Month, Day, Year 2/11/61					
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.) 3905 E 26		20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE Deputy Coroner				22b. ADDRESS 1618 Lydia Ave		22c. DATE SIGNED 2/11/61	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE 2-16-61	23c. NAME OF CEMETERY OR CREMATORY National		23d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kas.		
24. FUNERAL DIRECTOR ADDRESS Jones & Stevens 2315 Linwood			25. DATE RECD. BY LOCAL REG. 2-13-61		26. REGISTRAR'S SIGNATURE Ruth Long		

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

M. Tillman

SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lawrence A. Jones

Licensed Embalmer No. 4439

P. O. Address 2315 Jones
W. Va.

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.