

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008901

AMENDED

Registration District No. 149Primary Registration District No. 1002Registrar's No. 1034

STATE FILE NUMBER

FILED MAR 20 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>9 Days</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St, Marys Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2813 S/ 48th</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Patrick</u> Middle <u>S.</u> Last <u>Kennedy</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>26</u> Year <u>1961</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>5-17-11</u>		9. AGE (last birthday) <u>49</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>Counterman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Island RR</u>		11. BIRTHPLACE (City and state or country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Jesse Kennedy</u>				13b. MOTHER'S MAIDEN NAME <u>Leana Spann</u>				14. NAME OF HUSBAND OR WIFE <u>Olive E. Kennedy</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT Address <u>Mrs. Olive E. Kennedy (Wife) Home</u>							
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>Rheumatic HEART DISEASE, with</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Mitral stenosis & Insufficiency</u> DUE TO (c) <u>& congestive HEART failure</u>										INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>			
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 <u> </u> a.m. <u> </u> 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 <u>17 FEB 61</u> to <u>26 FEB 61</u> and last saw him alive on <u>26 FEB 61</u> Death occurred at <u>545</u> p.m. on the date stated above, and to the best of my knowledge from the causes stated.													
22a. SIGNATURE <u>John F. McDonnell, M.D.</u> (Degree or title)						22b. ADDRESS <u>315 Nichols Road</u> <u>KANSAS CITY, MISSOURI</u>			22c. DATE SIGNED <u>27 FEB 61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>2-26-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>					
24. FUNERAL DIRECTOR <u>H. H. Simmons</u>				ADDRESS <u>1404 S. 37th</u> <u>Kansas City, Ks.</u>		25. DATE RECD. BY LOCAL REG. <u>2-27-61</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>					

DOCUMENT

BY AFFIDAVIT OF
John F. Mc Donnell
MEDICAL CERTIFICATION

APR 4 1961

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 Donald N. Simmons

Licensed Embalmer No. 5084

P. O. Address K.C.K.

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.