ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

3001-61-021508

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3001 ~~1002~~

AMENDED

FILED JUN 28 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in lb 4yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA General Hospital — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 716 E. 8th St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First KENNETH ~~KENNETH~~ Middle Last VanNORMAN

4. DATE OF DEATH Month June Day 14, Year 1961

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married XX Widowed ☐ Divorced ☐
8. DATE OF BIRTH Oct. 14, 56
9. AGE (last birthday) 4 — 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) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Arthur VanNorman
13b. MOTHER'S MAIDEN NAME Betty Huntington
14. NAME OF HUSBAND OR WIFE

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. none
17. INFORMANT Address Mrs. Betty VanNorman, K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Shock + Hemorrhage resulting from

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) multiple skull fractures, crushing injuries
DUE TO (c) Pelvis, Lacerations of lungs, fracture of left thigh

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

19. WAS AUTOPSY PERFORMED? YES X NO ☐
20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Was struck by truck

20c. TIME OF INJURY 2:20 Hour ~~a.m.~~ p.m. Month, Day, Year 6-14-61

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street
20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Geo. C. Kealhofer M.D. Lapetina Caroway
22b. ADDRESS 6627 Prospect Kansas
22c. DATE SIGNED 6-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Jun 15, 61
23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Kansas

24. FUNERAL DIRECTOR ADDRESS P.B. Lapetina Fun'l Home, K.C., Mo.
25. DATE RECD. BY LOCAL REG. 6-15-61
26. REGISTRAR'S SIGNATURE Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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_____ Signed Jack A. Moore
Signature of Student Embalmer

Licensed Embalmer No. 4729

P. O. Address Kenson Ala

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.