

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029390

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1022 Registrar's No. 4031 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED AUG 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 **58 years**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **1220 East 44 St** Inside Limits Yes  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  No   
 d. STREET ADDRESS (If outside, give location) **1220 East 44 th St** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Anthony** Middle **J.** Last **Kane**  
 4. DATE OF DEATH Month **August** Day **11** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **3-22-1885** 9. AGE (last birthday) **76 yr** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Fireman, ret.** 10b. KIND OF BUSINESS OR INDUSTRY **City Fire Dept.** 11. BIRTHPLACE (City and state or country) **McEwen Tenn.** 12. CITIZEN OF WHAT COUNTRY **U. S.**

13a. FATHER'S NAME **John Kane** 13b. MOTHER'S MAIDEN NAME **Mary Langhan** 14. NAME OF HUSBAND OR WIFE **Caralee Kane**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Mrs. Caralee Kane** Address **1220 East 44th St Kansas City, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Cocaine thrombosis**  
 DUE TO (b) **arterio sclerosis**  
 DUE TO (c) **Glomeris nephritis & Hypertension**  
 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  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 **April 61** to **August** and last saw him alive on **August 10-61**  
 Death occurred at **6:15 P. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Leslie L. Hardy** 22b. ADDRESS 22c. DATE SIGNED **8-14-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Aug. 14, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Calvary** 23d. LOCATION (City, town, or county) (State) **Kansas City, Mo.**

24. FUNERAL DIRECTOR **Wagner Funeral Home, K. C. Mo.** ADDRESS 25. DATE RECD. BY LOCAL REG. **8-14-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

2:15-PM

**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 Alvin R. Henschel

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.