

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044496

AMENDED

Registration District No. 149 Primary Registration District No. Lo 02 Registrar's No. 6481 STATE FILE NUMBER

FILED JAN 15 1962

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 lb **2 days**

c. CITY OR TOWN **Kansas City** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Mary's Hospital** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **4 West 91st Street** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
KENNETH CARLL BONAR

4. DATE OF DEATH Month Day Year
December 25 1961

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **12/23/61** 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR.
 Months Days Hours Min. **2**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and state or country) **Kansas City, Mo.** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Robert Kenneth Bonar** 13b. MOTHER'S MAIDEN NAME **Joyce E. Harris** 14. NAME OF HUSBAND OR WIFE **-**

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 **Robert K. Bonar, 4 W. 91st Street**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Hyaline Membrane Disease** INTERVAL BETWEEN ONSET AND DEATH **2 1/2 days**
 (b) **Prematurity**
 (c) _____
 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.
 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 **Dec 23 1961** to **Dec 25-61** and last saw him alive on **Dec 25 1961**
 Death occurred at **11:25 Pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Charles J. Eldridge M.D.** 22b. ADDRESS **409 E 63rd St KC 10 Mo** 22c. DATE SIGNED **12-26-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Dec. 27, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Forest Hill Cemetery** 23d. LOCATION (City, town, or county) (State) **Kansas City Missouri**

24. FUNERAL DIRECTOR **D.W. Newcomer's Sons, Kansas City, Mo.** ADDRESS **1331 Brush Creek Blvd.** 25. DATE RECD. BY LOCAL REG. **12-27-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF **Charles J. Eldridge** MEDICAL CERTIFICATION

1890

1890

1890

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 Thomas W. Rowson

Licensed Embalmer No. 4884

P.O. Address Lathrop, Mo.

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.