

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

314-62-001799
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 314

FILED FEB 6 1962

1. PLACE OF DEATH
a. COUNTY **JACKSON**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **KANSAS CITY** Length of stay in 1b **20 YEARS**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. LUKES HOSPITAL** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** COUNTY **JACKSON**
c. CITY OR TOWN **KANSAS CITY** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **1212 MEADOWLAKE PARKWAY** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
WILLIAM WILLARD EDWARD KENNEY **JANUARY 17 62**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **5-26-09** 9. AGE (last birthday) **52** 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) **RETIRED** 10b. KIND OF BUSINESS OR INDUSTRY **TWA PILOT** 11. BIRTHPLACE (City and state or country) **ST. JOSEPH, MO.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **WILLIAM L. KENNEY** 13b. MOTHER'S MAIDEN NAME **NELLIE KENNEY** 14. NAME OF HUSBAND OR WIFE **MARGARET KENNEY**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 17. INFORMANT **MRS. MARGARET KENNEY, K.C. MO.**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Myocardial infarction due to arteriosclerotic coronary thrombosis** INTERVAL BETWEEN ONSET AND DEATH **3 hours**
DUE TO (b) **Coronary artery arteriosclerosis** **3 years**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 Month, Day, Year
a.m. p.m. _____

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 **Sept. 30, 1959** to **Jan. 17, 1962** and last saw him alive on **Jan. 17, 1962**
Death occurred at **9:20 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **W. A. Slentz, M. D.** 22b. ADDRESS **4620 Nichols Parkway, K.C., Mo.** 22c. DATE SIGNED **1/18/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **1-20-62** 23c. NAME OF CEMETERY OR CREMATORY **MT. MORIAH** 23d. LOCATION (City, town, or county) (State) **KANSAS CITY, MISSOURI**

24. FUNERAL DIRECTOR **D. W. Newcomer's Sons** ADDRESS **1331 Brush Creek Blvd. Kansas City, Mo.** 25. DATE RECD. BY LOCAL REG. **1-18-62** 26. REGISTRAR'S SIGNATURE **Ruth Long**

DATE AMENDED **1-26-62**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF **Willard Edward Kenney**

DOCUMENT - Funeral Home

SHOULD READ **William Edward Kenney**

BY AFFIDAVIT OF **wife**

ITEM NO. **3**

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 Harold B. Cheternac

Licensed Embalmer No. 3035

P. O. Address H. B. Cheternac

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.