

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-001813

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 700

AMENDED

FILED FEB 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		c. CITY OR TOWN Kansas City	
Length of stay in 1b 67 years		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If outside, give location) 3615 E. 59th Street	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MARIAN Middle E. Last KINNEY			4. DATE OF DEATH Month Feb Day 4 Year 1962		
5. SEX Female	6. COLOR OR RACE Cauc.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/11/1894	9. AGE (last birthday) 68	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Kansas City, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S./A.		13a. FATHER'S NAME Joseph Anderson		13b. MOTHER'S MAIDEN NAME Mary Esler	
14. NAME OF HUSBAND OR WIFE George W. Kinney		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 George W. Kinney		Address 3615 East 59th 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) _____

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Lympho-Sarcoma of stomach**

DUE TO (c) **extensive metastasis**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Extensive metastasis**

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m.	Month, Day, Year _____		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____
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21. I attended the deceased from **Jan 1 - 1962** to **Feb 4 1962** and last saw her/him alive on **2-4-62**
Death occurred at **8:40 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. N. Gentry (D, M, or title)	22b. ADDRESS 324 E 11th	22c. DATE SIGNED 2-5-62
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23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 6, 1962	23c. NAME OF CEMETERY OR CREMATORY Olathe Cemetery	23d. LOCATION (City, town, or county) Olathe Kansas
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24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.	ADDRESS 1331 Brush Creek Blvd.	25. DATE RECD. BY LOCAL REG. 2-6-62	26. REGISTRAR'S SIGNATURE Ruth Long
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF **E. N. Gentry**
 ITEM NO. SHOULD READ

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 Chester K Brown

Licensed Embalmer No. 4931

P. O. Address KE MD

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.