MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 62-023101

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2820

FILED JUN 21 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	3888		
3			
4	1		
5	2		
6			
7	1		
8	0		
9	4200		
10			
11			
12	66-0		
13			

USE BLACK INK OR TYPEWRITER RIBBON

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: 70 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL — Inside Limits Yes XX 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 X No ☐
d. STREET ADDRESS (If outside, give location) 6704 CHESTNUT STREET — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First MABEL Middle Last HENNESSY
4. DATE OF DEATH Month MAY Day 24th Year 1962
5. SEX FEMALE
6. COLOR OR RACE CAUCASIAN
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH 1/25/76
9. AGE (last birthday) 86 — 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) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY ------
11. BIRTHPLACE (City and state or country) KINDERHOOK, ILL.
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME JOSHUA A. JONES
13b. MOTHER'S MAIDEN NAME JULIA WOOLAMS
14. NAME OF HUSBAND OR WIFE JOHN J. HENNESSY
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 ROBERT M. HENNESSY Address 6704 CHESTNUT 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) Coronary heart disease.
Acute myocardial infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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 May 24 1962 to May 24 1962 and last saw her/him alive on May 24, 1962
Death occurred at 5:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF Hugh W. McCaughey CERTIFICATION

22a. SIGNATURE Hugh W McCaughey M.D. (Degree or title)
22b. ADDRESS 5615 Johnson Dr Mission Kansas
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE MAY 26, 1962
23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CR. KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 5-26-62
26. REGISTRAR'S SIGNATURE Ruth N Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hugh N. McCaughey
5615 Johnson Drive

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 Norman W. Thorson

Licensed Embalmer No. 4889

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.