

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43586

State File No. \_\_\_\_\_

FILED JAN 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5589

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>   |  |
| c. LENGTH OF STAY (in this place) <u>12 hrs 56 min</u>                                  |  | d. STREET ADDRESS (If rural, give location) <u>4005 Vineyard Road</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>                      |  |   |  |

|  |                        |                       |                   |                 |                    |
|--|------------------------|-----------------------|-------------------|-----------------|--------------------|
| 3. NAME OF DECEASED<br>(Type or Print) |                        |                       | 4. DATE OF DEATH  |                 |                    |
| a. (First) <u>Kenneth</u>              | b. (Middle) <u>ann</u> | c. (Last) <u>Park</u> | (Month) <u>12</u> | (Day) <u>27</u> | (Year) <u>1950</u> |

|                    |                               |   |                                    |                                 |                        |                             |
|--------------------|-------------------------------|---|------------------------------------|---------------------------------|------------------------|-----------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>12-27-1950</u> | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | IF UNDER 18 HRS. Hours Min. |
|                    |                               |   |                                    | <u>12</u>                       | <u>56</u>              | <u>56</u>                   |

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|-----------------------------------|--|--|

|  |  |                             |
|--|--|-----------------------------|
| 13a. FATHER'S NAME <u>Buster R. Park</u> | 13b. MOTHER'S MAIDEN NAME <u>Jane Margaret Creager</u> | 14. NAME OF HUSBAND OR WIFE |
|--|--|-----------------------------|

|   |                                    |  |                                       |
|---|------------------------------------|--|---------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>NO.</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. B. R. Park</u> | ADDRESS <u>4005 Vineyard K.C. Mo.</u> |
|---|------------------------------------|--|---------------------------------------|

|   |  |             |                                  |
|---|--|-------------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |             | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>   |             |                                  |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |             |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | <u>7630</u> |                                  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 12-27, 1950, to 12-27, 1950, that I last saw the deceased alive on 12-27, 1950, and that death occurred at 6:27 pm., from the causes and on the date stated above.

|  |  |                                  |
|--|--|----------------------------------|
| 23a. SIGNATURE <u>F.C. Coleman</u> (Degree or title) | 23b. ADDRESS <u>4922 Bell St. K.C. Mo.</u> | 23c. DATE SIGNED <u>12-29-50</u> |
|--|--|----------------------------------|

|  |                           |  |  |
|--|---------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | 24b. DATE <u>12-30-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hosp.</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u> |
|--|---------------------------|--|--|

|  |   |  |                         |
|--|---|--|-------------------------|
| DATE REC'D BY LOCAL REG. <u>12-31-50</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Holmstead</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Luke's Hosp.</u> | ADDRESS <u>K.C. Mo.</u> |
|--|---|--|-------------------------|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

P. O. Address \_\_\_\_\_

**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 this body is not embalmed, fact should be so stated above.**