URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 14 1960

4979 -60-034677

STATE FILE NUMBER

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

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: 40 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1607 E. 8th ST.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: CLYDE Middle: Last: CANNEFAX

4. DATE OF DEATH Month: OCTOBER Day: 4 Year: 1960

5. SEX: MALE

6. COLOR OR RACE: CAUCASIAN

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-11-1878

9. AGE (last birthday): 82

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): stationery engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Dixon, Mo.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: George Cannefax

13b. MOTHER'S MAIDEN NAME: Josephine Halby

14. NAME OF HUSBAND OR WIFE: MRS. RUTH CANNEFAX

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.: 495-05-1723

17. INFORMANT: MRS RUTH CANNEFAX Address: 1607 E. 8th St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchial pneumonia	days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	obstructive Jaundice	days
DUE TO (c)	lithiasis of biliary tract	years

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

MEDICAL CERTIFICATION

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 9/27/60 to 10/4/60 and last saw him alive on 10/4/60

Death occurred at 12:48 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Milton S Steinberg (Degree or title) MD

22b. ADDRESS 926 E. 11th St., K.C. Mo.

22c. DATE SIGNED 10/4/60

BY AFFIDAVIT OF Milton S. Steinberg

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 10-6-60

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park

23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR: MUENLEBACH ADDRESS: 6800 TROOST

25. DATE RECD. BY LOCAL REG.: 10-4-60

26. REGISTRAR'S SIGNATURE: H-L-Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

ENDED

Dr. Milton [illegible]
926 E 11th
Osteopathic Hosp 3rd fl. [illegible]
Apr 1-1955

11.83 - [illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clare V. Carr Jr

Licensed Embalmer No. 4934

P. O. Address K.C. 14 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.