# RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 20 1960

-60-034937

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4587

IDED

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: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 405 West 12th, St.
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): 405 West 12th, St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First DENNIS Middle J. Last MOYNAHAN

4. DATE OF DEATH: Month 9 Day 6 Year 60

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-16-83

9. AGE (last birthday): 77

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): Manager

10b. KIND OF BUSINESS OR INDUSTRY: York Hotel

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

12. CITIZEN OF WHAT COUNTRY: U. S.

13a. FATHER'S NAME: P.D. Moynahan

13b. MOTHER'S MAIDEN NAME: Josephine Higgins

14. NAME OF HUSBAND OR WIFE: —

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.: 494-14-5608

17. INFORMANT: Mrs Nellie Moynahan K.C. Mo.
Address: 4036 Waddell

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) | Coronary Occlusion | 8 HRS |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Arteriosclerotic Heart Dis. | 2 YRS |
| DUE TO (c) | | |

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

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 June 60, to 6 Sept 60 and last saw her/him alive on 6 Sept 60
Death occurred at 6:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wade E. Elliott (Degree or title) MD

22b. ADDRESS: 710 W. 12th St

22c. DATE SIGNED: 9-7-60

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

23b. DATE: 9.9.60

23c. NAME OF CEMETERY OR CREMATORY: St Mary's Cemetery

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

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar
ADDRESS: 20 West Linwood, K.C. Mo.

25. DATE RECD. BY LOCAL REG.: 9.7.60

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

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Wade E. Elliott MEDICAL CERTIFICATION DOCUMENT

Dr. Elliott
710 W. 12th

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 5038

P. O. Address K.C.

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