

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-041032

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5862

STATE FILE NUMBER

AMENDED

FILED DEC 11 1961

DATE AMENDED
5-29-62

INSTEAD OF
MARIE D. FENNEL

ITEM NO. SHOULD READ
17 MARIE D. FENNEL

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF INFORMANT
Robert W. Hamill

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Mission Hills</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Saint Luke's Hospital</u>		d. STREET ADDRESS <u>6409 Sagamore</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>J.</u> Last <u>Fennell</u>			4. DATE OF DEATH Month <u>November</u> Day <u>21</u> Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 14, 1889</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>72</u>	IF UNDER 24 HR Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Div. Supt.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K. C. Pub. Service</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Kan.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>Daniel Fennell</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia James</u>		14. NAME OF HUSBAND OR WIFE <u>Marie D. Fennell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>FENNEL</u> Address <u>Mission Hills, Ks.</u> <u>Marie D. Fennell, 6409 Sagamore</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>UREMIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>POLYCYSTIC KIDNEYS</u>		
DUE TO (c) <u>ARTERIO</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 <u>4:25</u> a.m. <u>PM</u> Month, Day, Year <u>11/20/60</u>			

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 <u>Mission Hills</u>	COUNTY <u>Johnson</u> STATE <u>Kansas</u>
21. I attended the deceased from <u>11/20/60</u> to <u>11/21/61</u> and last saw ^{her} him alive on <u>11/20/61</u> . Death occurred at <u>4:25 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>Robert W. Hamill MD</u>		22b. ADDRESS <u>Kansas City, Mo</u>		22c. DATE SIGNED <u>11/21/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11-24-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u>	
24. FUNERAL DIRECTOR <u>Stine & McClure, Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-23-61</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

AT 4952

1910 USJTS

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 Behan W Meeker

Licensed Embalmer No. 5078

P. O. Address KC, 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.