S. No. 300.
V. 10.48

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29700

State File No. .....

BIRTH NO. 59254-49 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 218

26 54

1. PLACE OF DEATH
a. COUNTY: Cole Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City. Mo
c. LENGTH OF STAY (In this place): 11/2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Moniteau Co
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Walker 68
d. STREET ADDRESS (If rural, give location): Rt #2. California, Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Harold
b. (Middle): Dean
c. (Last): Kendrick

4. DATE OF DEATH (Month) Sept (Day) 11 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 9. 1949
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 1 / IF UNDER 1 HRS. Hours 8 / Min.
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): R.7-D - California Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Obe Kendrick
13b. MOTHER'S MAIDEN NAME: Virginia Kueffer
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Obe Kendrick
ADDRESS: California Mo

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

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease (two chambered heart) — INTERVAL BETWEEN ONSET AND DEATH: Not known

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

~~DUE TO~~ (b) Atelectasis of both lungs — 2 days

~~DUE TO~~ (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* congenital defect of liver; extra-lobe — 7544

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. 9, 1949, *to* Sept. 11, 1949, *that I last saw the deceased alive on* Sept. 11, 1949, *and that death occurred at* 2:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John S. Dermott, M.D.
23b. ADDRESS: 507 E. High St, Jefferson City, Mo
23c. DATE SIGNED: 9-11-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 11. 1949
24c. NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
24d. LOCATION (City, town, or county) (State): California, Mo

DATE REC'D BY LOCAL REG.: Sept 11-1949
REGISTRAR'S SIGNATURE: R. P. Harris MD & R.
25. FUNERAL DIRECTOR'S SIGNATURE: Earl R. Boulin
ADDRESS: California

(Licensed Embalmer's Statement on Reverse Side)

1570

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

RECEIVED SEP 20 1949
District Health Officer No. 9,
District File Number _____

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.

not Embalmed

Student .....
Student Embalmer

Signed .....

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.