

No. 300
10. 48

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37729

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

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARL JUNCTION c. LENGTH OF STAY (in this place) 2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARL JUNCTION	
d. FULL NAME OF HOSPITAL OR INSTITUTION DAN/PAVANA MINERAL TWP; RURAL		d. STREET ADDRESS (If rural, give location) 311 Ballard	
3. NAME OF DECEASED (Type or Print) JACK O. KENDRICK a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 11-1-1949
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-16-1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Businessman		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store	9. AGE (In years last birthday) 40 If UNDER 1 YEAR: Months 9 Days 15 If UNDER 48 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) Clarksburg, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Zimri O. Kendrick		13b. MOTHER'S MAIDEN NAME Letha Kendrick	
14. NAME OF HUSBAND OR WIFE Letha Kendrick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Letha Kendrick, Wife		ADDRESS Carl Junction, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CRUSH INJURY CHEST</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving DUE TO (b) <u>AND DROWNING</u> rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			32
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SOURCE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) MO. STATE HIGHWAY 467	21c. (CITY, TOWN, OR TOWNSHIP) MINERAL TWP. RURAL (COUNTY) JASPER (STATE) MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-1-1949 4:40 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? CAR FAILED TO NEGOTIATE CURVE OVER TURNED PITCHING ABOVE UNDER CAR IN ROADSIDE DITCH CONTAINING WATER.	
22. I hereby certify that I attended the deceased from (DID NOT ATTEND SAME) 19____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>Wesley Crow</u>		23b. ADDRESS <u>Green Hill Blvd. Bldg. Jplin</u>	23c. DATE SIGNED 11-10-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-1-1949	24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery	24d. LOCATION (City, town, or county) (State) Carl Junction, Missouri
DATE REC'D BY LOCAL REG. NOV. 14, 1949	REGISTRAR'S SIGNATURE <u>J. L. ...</u>	FUNERAL DIRECTOR'S SIGNATURE <u>San ...</u>	ADDRESS Carl Jct., Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-22-49
Jasper County Health Office

County File Number 49-11-883

Date Filed 11-25-49

NOV 28 1949

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
Student Embalmer

Signed

Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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 this body is not embalmed, fact should be so stated above.