

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11884

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RICH HILL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RICH HILL</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>910 OLIVE ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>910 OLIVE ST.</u>		e. STREET ADDRESS (If rural, give location) <u>910 OLIVE ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>PATRICK</u> c. (Last) <u>KENNEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL-22-1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY-29-1870</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>
11. BIRTHPLACE (State or foreign country) <u>CALIFORNIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MARK KENNEY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY STONE</u>	
14. NAME OF HUSBAND OR WIFE <u>JENNIE KENNEY</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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Kenney - Rich Hill, Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>33 IX</u>	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Apr 19</u> , 19 <u>50</u> , to <u>Apr 22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Apr 22</u> , 19 <u>50</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.			
23. SIGNATURE <u>Edward Kenney</u>		23b. ADDRESS <u>Rich Hill, Mo</u>	
23c. DATE SIGNED <u>Apr 24 1950</u>		23d. ADDRESS <u>Rich Hill, Mo</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 25 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BALLTOWN</u>	24d. LOCATION (City, town, or county) (State) <u>VERNON COUNTY, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Apr 23 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Edna Douglas</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Home - Rich Hill, Mo</u>	

RECEIVED

District Health Office No. 7

District File Number 3-50-429

Date Filed 4-27-50

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*John H. Underwood*

Signed.....

Student Embalmer

Licensed Embalmer No. 3585

P. O. Address Butler 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.