

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **16545**

FILED MAY 16 1950

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 1208	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give township) Clinton				c. CITY (If outside corporate limits, write RURAL and give township) Garden City - Rur.			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital				d. STREET ADDRESS (If rural, give location) Camp Branch Twp. - 2 1/2 M. E.			
3. NAME OF DECEASED (Type or Print) Daisy		a. (First) Daisy		b. (Middle) Norma		c. (Last) Kennedy	
4. DATE OF DEATH May 10, 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 16, 1898		9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Austin, Cass Co., Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Omer Knowles		13b. MOTHER'S MAIDEN NAME Daisy Knowles		14. NAME OF HUSBAND OR WIFE David Hurley Kennedy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 140		17. INFORMANT'S SIGNATURE OR NAME Miss Shirley Kennedy Garden City, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture and Brain Hemorrhage Caused by Car accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Truck run.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 042 Henry Mo.		21f. HOW DID INJURY OCCUR? Car accident	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5/6/50 8:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from 5/6/1950 , to 5/9/1950 , that I last saw the deceased alive on 5/9/1950 , and that death occurred at 2:15 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. R. S. Hollingsworth		23b. ADDRESS Clinton Missouri		23c. DATE SIGNED 5/9/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE May 12 1950		24c. NAME OF CEMETERY OR CREMATORY Garden City Cemetery		24d. LOCATION (City, town, or county) (State) Garden City, Missouri	
DATE REC'D BY LOCAL REG. May 13-1950		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE William Proctor ADDRESS St. Louis, Mo.			

(Licensed Embellisher's Statement on Reverse Side) **Garden City, Missouri**

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

No. 300
10.48

RECEIVED 5-15-50
District Health Officer No. 7
District File Number 4-50-20
Date Filed 5-18-50

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 _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Student
Student Embalmer

Signed Billy J. Shuck
Licensed Embalmer No. 4685

P. O. Address Shack City, Missouri

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.