

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH *near which* State File No. 16308

BIRTH NO. 40396-50 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4217 Registrar's No. 128

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near which, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Garden City - Rural 0190</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Camp Branch</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway #35</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dorva</u>	b. (Middle) <u>Diane</u>	c. (Last) <u>Kennedy</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 6 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED-NEVER MARRIED, WIDOWED-DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug. 8, 1949</u>
9. AGE (In years last birthday) <u>8</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <u>Harrisonville, Missouri</u>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Don Leroy Kennedy</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Latspeich</u>	14. NAME OF HUSBAND OR WIFE
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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 <u>Miss Shirley Kennedy Garden City, Missouri</u>	ADDRESS
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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) <u>FRACTURED CERVICAL VERTEBRAE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>
ANTECEDENT CAUSES Morbidity 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.		<u>20816b</u> <u>20</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. HIGHWAY 35</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HENRY MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAY 6 1950 8:40 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>AUTO ACCIDENT</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 8:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD Coroner</u>	23b. ADDRESS <u>Clinton, Mo.</u>	23c. DATE SIGNED <u>6 May 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 13, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Garden City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Garden City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>May 10 1950</u>	REGISTRAR'S SIGNATURE <u>Florence Adams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>William Bee Funeral Home</u>	ADDRESS <u>Garden City, Missouri</u>
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RECEIVED 5-15-50  
District Health Officer No. \_\_\_\_\_  
District File No. 4-50-\_\_\_\_\_  
Date Recd. 5-15-50

**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, ~~and~~ by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Billy D. Wiley

Licensed Embalmer No. 24685

P. O. Address Harbor City, Miss.

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.