

FILED AUG 2 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23369**

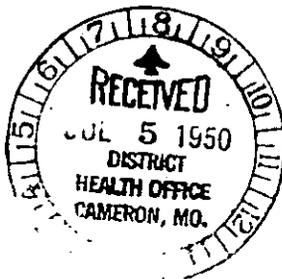
BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 4202 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>GRUNDY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPICKARD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPICKARD</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>04</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>BOOKER</u> c. (Last) <u>KENNEDY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28 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>FEB-28-1877</u>
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RURAL MAIL CARRIER</u>	
11. BIRTHPLACE (State or foreign country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>RULIFF KENNEDY</u>		13b. MOTHER'S MAIDEN NAME <u>MALINDA BOOKER</u>	
14. NAME OF HUSBAND OR WIFE <u>ADDIE KENNEDY</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.	
17. INFORMANT'S SIGNATURE OR NAME <u>ADDIE KENNEDY</u>		ADDRESS <u>SPICKARD 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</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"/>		<u>4201</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>June 1</u> , 1950, to <u>June 28</u> , 1950, that I last saw the deceased alive on <u>June 27</u> , 1950, and that death occurred at <u>1:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. H. Mueller M.D.</u> (Degree or title)		23b. ADDRESS <u>Trenton Mo.</u>	
23c. DATE SIGNED <u>6-29-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-30-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>SPICKARD MO.</u>	
DATE REC'D BY LOCAL REG. <u>6-30-50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Nathan Cooper</u> 114	
25. FUNERAL DIRECTOR'S SIGNATURE <u>School Funeral Home</u>		ADDRESS <u>Spickard Mo.</u>	

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

0400

Aug 2 1950



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 Ross Wise.....

Licensed Embalmer No. 3771.....

P. O. Address Spickard 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.