

No. 300  
10-48

XC 2 FILED 300 28 1950  
Reg. 86362

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25642

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1756</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Pike</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jeff. Brks. Mo.</u>		c. LENGTH OF STAY (in this place) <u>29 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Canton</u>		<u>8/20</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET. ADM. HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>			b. (Middle) <u>L.</u>		c. (Last) <u>KENDRICK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7/20/50</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6/14/97</u>		9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>New Canton, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Kendrick</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Whellan</u>		14. NAME OF HUSBAND OR WIFE <u>Estella Kendrick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World I</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>V. A. HOSPITAL RECORDS</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Staphylococcus Aureus</u>  DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>  <u>1531</u>  <u>14 yrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0531</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>VA</u>		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>6/22</u> , 19 <u>50</u> , to <u>7/20</u> , 19 <u>50</u> , and that death occurred at <u>6:20 P. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Stanley W. Hall</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>V.A. HOSP. JEFF. BRKS. MO.</u>		23c. DATE SIGNED <u>7/20/50</u>		
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>7-21-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shearer Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Canton, Ill.</u>			
DATE REC'D BY LOCAL REG. <u>7-21-50</u>		REGISTRAR'S SIGNATURE <u>Robert Blouke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>				

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

*Blair R. Powell*

Signed .....

Student Embalmer

Licensed Embalmer No. *40717*

P. O. Address \_\_\_\_\_

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.