

FILED JAN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41311**

3-148

BIRTH NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO. 4257	Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give town) Rural, Jefferson		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Windsor			
c. LENGTH OF STAY (In this place) 2 weeks		d. STREET ADDRESS (If rural, give location) RFD # 3, Windsor			
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD Leeton					
3. NAME OF DECEASED (Type or Print) a. (First) David		b. (Middle) Alvan		c. (Last) Kendrick	
4. DATE OF DEATH Dec. 4, 1950					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 27, 1872	9. AGE (In years last birthday) 77 IF UNDER 1 YEAR 11 Months 7 Days IF UNDER 24 HRS. 1 Hour 7 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pettis County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U S A					
13a. FATHER'S NAME William Kendrick		13b. MOTHER'S MAIDEN NAME Augusta Perry		14. NAME OF HUSBAND OR WIFE Maude Thompson Kendrick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Newton Kendrick, Leeton, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 11-7-50			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 Jan 1, 1950 , to Dec. 1, 1950 , that I last saw the deceased alive on Dec. 1, 1950 , and that death occurred at 6:39 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Wendell M.D.		23b. ADDRESS Windsor		23c. DATE SIGNED 12-5-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-5-50	24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	24d. LOCATION (City, town, or county) (State) Windsor, Missouri		
DATE REC'D BY LOCAL REG. 12-8-1950	REGISTRAR'S SIGNATURE Nannie D. Harker	25. FUNERAL DIRECTOR'S SIGNATURE Huston Turner, Windsor, Mo.			

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

VS AUG 22 1961

JAN 9 1950

RECEIVED
JAN 6 1950
JOHNSON COUNTY HEALTH DEPT.

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.