

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4002**
Registrar's No. **51**

FILED MAR 1 1951
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BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 51		
1. PLACE OF DEATH a. COUNTY CALLAWAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CALLAWAY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON		c. LENGTH OF STAY (in this place) 10 HRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON		D 0143		
d. FULL NAME OF HOSPITAL OR INSTITUTION CALLAWAY HOSPITAL				d. STREET ADDRESS (If rural, give location) 214 E. 5th				
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) DAVIS c. (Last) KENNETT			4. DATE OF DEATH (Month) (Day) (Year) FEB 18 1950					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 16 1868		
9. AGE (In years last birthday) 83		# UNDER 1 Year Months 0		# UNDER 1 Day Hours 2		# UNDER 1 Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTENDANT STATE HOSPITAL #1			10b. KIND OF BUSINESS OR INDUSTRY 			11. BIRTHPLACE (State or foreign country) MISSOURI		
12. CITIZEN OF WHAT COUNTRY? U.S.A.								
13a. FATHER'S NAME NEHEMIAH KENNETT			13b. MOTHER'S MAIDEN NAME ANN FICKLIN		14. NAME OF HUSBAND OR WIFE MAUDE KENNETT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPANISH AMERICAN		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME William Kennett, Fulton Mo. ADDRESS 				
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) Acute Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Open Atherosclerosis with Hypertension DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prior to death had heart drugation					INTERVAL BETWEEN ONSET AND DEATH 447x	
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)		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) m.		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 5/3 1948 , to 2/18 1951 , that I last saw the deceased alive on 2/18 1951 , and that death occurred at 2:40 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) George J. Lawrence				23b. ADDRESS Fulton Mo		23c. DATE SIGNED 2/19/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 19 1951		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL GARDENS		24d. LOCATION (City, town, or county) (State) CALLAWAY CO. MD.		
DATE REC'D BY LOCAL REG. Feb 24 - 1951		REGISTRAR'S SIGNATURE Maretha Lawrence		426		25. FUNERAL DIRECTOR'S SIGNATURE Margaret Funeral Home, Fulton Mo. ADDRESS 		

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

MAR 7 1951

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 28 1951

RECEIVED

REC'D
MAR 7 1951

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.....
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, Md

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.