

FILED AUG 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23695

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5725		Registrar's No. 78		
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Clark				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL HUDSON T.P.		c. LENGTH OF STAY (in this place) 26 hours		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kahoka		023		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. L. Hildreth Osteopathic Sanatorium				d. STREET ADDRESS (If rural, give location) 168 N. Walnut				
3. NAME OF DECEASED (Type or Print) a. (First) Victor		b. (Middle) John		c. (Last) Kennedy		4. DATE OF DEATH (Month) (Day) (Year) July 11 1951		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Mar. 16, 1886	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linner & Plumbing		10b. KIND OF BUSINESS OR INDUSTRY Self employed		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME Bernard Kennedy		13b. MOTHER'S MAIDEN NAME Catherine McGovern		14. NAME OF HUSBAND OR WIFE None				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. L. Kaib Kahoka, Mo.				
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory failure ANTECEDENT CAUSES status Epilepticus Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Psychotic Interludes DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychotic Interludes					INTERVAL BETWEEN ONSET AND DEATH 4 days	
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) 3532				
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 July 10, 1951 , to July 11, 1951 , that I last saw the deceased alive on July 11, 1951 , and that death occurred at 4:0 P. M. , from the causes and on the date stated above.								
23a. SIGNATURE W. H. Hoyle D.O.				23b. ADDRESS Macon Mo		23c. DATE SIGNED July 11-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/11/51		24c. NAME OF CEMETERY OR CREMATORY St. Paul's Ceme.		24d. LOCATION (City, town, or county) (State) Kahoka, Mo		
DATE REC'D BY LOCAL REG. 7/27/51		REGISTRAR'S SIGNATURE J. L. McNeely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Adm't Skinner Macon Mo				

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

RECEIVED 8.4.51
MACON COUNTY HEALTH DEPARTMENT
County File No. 8.51.125
Date Filed 8.6.51

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 *Thos. L. Batt*.....

Licensed Embalmer No. *4552*.....

P. O. Address *Macon, 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.