

STANDARD CERTIFICATE OF DEATH

State File No. **33394**

BIRTH NO. _____ REG. DIST. NO. **143** PRIMARY REG. DIST. NO. **4232** Registrar's No. **26**

1. PLACE OF DEATH
 a. COUNTY **Howell**
 b. CITY (If outside corporate limits, write RURAL and give town) **Willow Springs**
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **MO**
 b. COUNTY **HOWELL**
 c. CITY (If outside corporate limits, write RURAL and give township) **Willow Springs**
 d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
 a. (First) **ANDREW**
 b. (Middle) **14^c**
 c. (Last) **KENZIE**
 4. DATE OF DEATH (Month) (Day) (Year) **OCT. 12. 1951**

5. SEX **MO** **6. COLOR OR RACE** **W** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **WIDOWED**
8. DATE OF BIRTH **?** **9. AGE (In years last birthday)** **78 approx.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED PLUMBER**
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) **SCOTLAND**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **DON'T KNOW** **13b. MOTHER'S MAIDEN NAME** **DON'T KNOW** **14. NAME OF HUSBAND OR WIFE** **DECEASED**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **16. SOCIAL SECURITY NO.** **17. INFORMANT'S SIGNATURE OR NAME** **GRACE MILLER - ROCKFORD, Ill.** **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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **ANGINA PECTORIS**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 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 NO **4202**

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) (Min) **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **23b. ADDRESS** **23c. DATE SIGNED**
Robert H. Smith, M.D., Crown 3 West Plains, Mo **13/10/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **24b. DATE** **24c. NAME OF CEMETERY OR CREMATORY** **24d. LOCATION (City, town, or county) (State)**
Burial **10/15/51** **City Cemetery** **Willow Springs, Mo.**

DATE REC'D BY LOCAL REG. **REGISTRAR'S SIGNATURE** **25. FUNERAL DIRECTOR'S SIGNATURE** **ADDRESS**
Oct. 18, 1951 **Marshall Ballard** **J. C. Burns, Willow Springs, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

0460

DIVISION OF HEALTH OFF. 1140.
District No. 5 - Springfield

RECEIVED OCT 22 1951

1234 Dist. File 1151-1822

Date Filed 12-7-51

RECEIVED

1234

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 Fred W. Barnes

Signed.....
Student Embalmer

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 7.

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.