

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36097

BIRTH NO. REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 112a Registrar's No. 17

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN RURAL KELSO TOWNSHIP.		c. CITY (If outside corporate limits, write RURAL and give township) RURAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 MILE S. KELSO, HIWAY 61		d. STREET ADDRESS (If rural, give location) R. F. D. #1 CHAFFEE, MO?	

3. NAME OF DECEASED (Type or Print)	a. (First) FRANK	b. (Middle) F.	c. (Last) KENKEL	4. DATE OF DEATH (Month) (Day) (Year) OCT. 6 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 17 1905	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) NEW HAMBURG, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S. A.
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13a. FATHER'S NAME BERNARD KENKEL	13b. MOTHER'S MAIDEN NAME ROSA BAUMAN	14. NAME OF HUSBAND OR WIFE LINDA KENKEL
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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 LINDA KINKEL	ADDRESS CHAFFEE, MO.
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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) <u>Crushed Chest - All Ribs Broken on Left Side, Sternum Fractured</u>		INTERVAL BETWEEN ONSET AND DEATH
	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. E 8164		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>od 26</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>Rural Scott MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Collision of two cars</u>
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22. I hereby certify that I attended the deceased from First Call after death, that I last saw the deceased alive on 10/5/51, 1951, and that death occurred at 2:45P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Linda Kinkel</u>	(Degree or title) <u>Circuit Director</u>	23b. ADDRESS <u>Dikeston MO.</u>	23c. DATE SIGNED <u>10/5/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT. 9 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. LAWRENCE</u>	24d. LOCATION (City, town, or county) (State) <u>NEW HAMBURG MO.</u>
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DATE REC'D BY LOCAL REG. <u>10-21-51</u>	REGISTRAR'S SIGNATURE <u>H. J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Smith</u>	ADDRESS <u>ORAN, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1500 3

OCT 22 19
RECEIVED
SCOTT COUNTY HEALTH CEN
CO. FILE NO. 105172

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 _____

Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Crow, 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.