

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **273**

FILED JAN 21 1952

BIRTH NO. 402-52 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Buchanan 0117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph 0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph 0117</u>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>1821 Jules Street 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Osteopathic Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Janis</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Kendall</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 11, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>January 8, 1952</u>	9. AGE (In years last birthday) <u>X</u>	if UNDER 1 YEAR Months <u>3</u>	if UNDER 4 HRS. Days <u>3</u> Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Glenn Kendall</u>	13b. MOTHER'S MAIDEN NAME <u>Billie Jean Betz</u>	14. NAME OF HUSBAND OR WIFE <u>*****</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>*****</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Glean Kendall</u>	ADDRESS <u>St. Joseph, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</u>		
	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 <u>776x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from January 8, 1952, to January 11, 1952, that I last saw the deceased alive on January 11, 1952, and that death occurred at 3:47 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>News M. Steidley D.O.</u> (Degree or title)	23b. ADDRESS <u>801 1/2 Francis St. Joseph</u>	23c. DATE SIGNED <u>Jan. 14, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial 77</u>	24b. DATE <u>Jan. 12, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>As hland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 16, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoffen</u>	ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *not* \*\*\*\*\*

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working under my personal supervision.

Student Embalmer No. .... \*\* \* \* \* \* \*

Signed..... \*\* \* \* \* \* \*  
Student Embalmer

Signed *Edward C. Harrington*

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.