V.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9278

State File No.

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4370 Registrar's No. 81

8740
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1. PLACE OF DEATH
a. COUNTY: Nodoway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clearmont, Missouri
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallin Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Page
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarinda Rr no 3 8140
d. STREET ADDRESS (If rural, give location): 8

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Oliver
c. (Last): Kenagy

4. DATE OF DEATH (Month) (Day) (Year): 3/21/52

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 6, 1869
9. AGE (In years last birthday): 82 — If under 1 year: Months 8, Days 15 — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: John Wesely Kenagy
13b. MOTHER'S MAIDEN NAME: Lydia Payton
14. NAME OF HUSBAND OR WIFE: Florence Kenagy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: D. W. Kenagy — **ADDRESS**: Clarinda Ia.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — 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) mitral stenosis — 2 yrs.

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: 410X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Heart disease
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 26, 1952, *to* March 13, 1952, *that I last saw the deceased alive on* Mar. 13, 1952, *and that death occurred at* 12 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Warren F. Bates (Degree or title): D.C.
23b. ADDRESS: College Springs, Ia.
23c. DATE SIGNED: 3/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-24-52
24c. NAME OF CEMETERY OR CREMATORY: Summit
24d. LOCATION (City, town, or county): Page (State): Iowa

DATE REC'D BY LOCAL REG.: 3-29-52
REGISTRAR'S SIGNATURE: Bess Holt 229
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Sherman Mec Co College Springs Ia

(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 L. M. Stevenson, Student Embalmer No. 1727, working under my personal supervision.

Student Embalmer

Student Embalmer

Signed L. M. Stevenson

Licensed Embalmer No. 1727

P. O. Address College Springs Iowa

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.