

FILED MAY 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12749
Registrar's No. 45

BIRTH NO. 1591 REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024

3451
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette, Mo.		c. LENGTH OF STAY (In this place) 3 Months	
d. FULL NAME OF HOSPITAL OR INSTITUTION 300 N. Howard		d. STREET ADDRESS (If rural, give location) 300 N. Howard	
3. NAME OF DECEASED (Type or Print) a. (First) Kenneth b. (Middle) Dale c. (Last) Street		4. DATE OF DEATH (Month) (Day) (Year) May 1, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 8, 1952
9. AGE (In years last birthday) 3		10. MONTHS 3	11. YEAR 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Howard County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Kenneth Street	
13b. MOTHER'S MAIDEN NAME Vivian Overstreet		14. NAME OF HUSBAND OR WIFE -----	
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 William Kenneth Street		ADDRESS 300 N. Howard	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hydrocephalus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Spina Bifida with meningocele 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 751X	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Jan 8, 1952 , to May 1, 1952 , that I last saw the deceased alive on May 1, 1952 , and that death occurred at 12:50 P. M. from the causes and on the date stated above.	
23a. SIGNATURE James D. Dean		23b. ADDRESS Fayette, Mo.	
23c. DATE SIGNED May 5 1952		23d. SIGNATURE Mary K. Shell	
23e. ADDRESS Fayette, Mo.		23f. SIGNATURE Ralph A. Cull	
23g. ADDRESS Fayette, Mo.		23h. SIGNATURE Fayette, Mo.	
23i. ADDRESS Fayette, Mo.		23j. SIGNATURE Fayette, Mo.	
23k. ADDRESS Fayette, Mo.		23l. SIGNATURE Fayette, Mo.	
23m. ADDRESS Fayette, Mo.		23n. SIGNATURE Fayette, Mo.	
23o. ADDRESS Fayette, Mo.		23p. SIGNATURE Fayette, Mo.	
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23u. ADDRESS Fayette, Mo.		23v. SIGNATURE Fayette, Mo.	
23w. ADDRESS Fayette, Mo.		23x. SIGNATURE Fayette, Mo.	
23y. ADDRESS Fayette, Mo.		23z. SIGNATURE Fayette, Mo.	
23aa. ADDRESS Fayette, Mo.		23ab. SIGNATURE Fayette, Mo.	
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23ae. ADDRESS Fayette, Mo.		23af. SIGNATURE Fayette, Mo.	
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23ca. ADDRESS Fayette, Mo.		23cb. SIGNATURE F	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{Not} ~~by me or by~~

working under my personal supervision.

Student Embalmer No.

Signed Ralph A. Carr

Signed.....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Gaylette 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.