

10 OCT 3 1952

# STANDARD CERTIFICATE OF DEATH

State File No. **32567**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5986** Registrar's No. **118**

**1. PLACE OF DEATH**  
 a. COUNTY **Pulaski**  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Crocker, Mo Rural**  
 c. LENGTH OF STAY (in this place) **32 yrs**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **None**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
 a. STATE **Missouri** b. COUNTY **Pulaski**  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Crocker, Missouri**  
 d. STREET ADDRESS (If rural, give location) **None**

**3. NAME OF DECEASED**  
 a. (First) **Maude** b. (Middle) **May** c. (Last) **Kennedy**  
 4. DATE OF DEATH (Month) (Day) (Year) **Oct. 2, 1952**

**5. SEX** **female** **6. COLOR OR RACE** **white** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **married**  
**8. DATE OF BIRTH** **June 29, 1886** **9. AGE (In years last birthday)** **66** **IF UNDER 1 YEAR** **IF UNDER 12 HOURS** **IF UNDER 15 MIN.**

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **House wife** **10b. KIND OF BUSINESS OR INDUSTRY** **None**  
**11. BIRTHPLACE** (State or foreign country) **St. Clair Co. Missouri** **12. CITIZEN OF WHAT COUNTRY?** **USA**

**13a. FATHER'S NAME** **Franklin Hoover** **13b. MOTHER'S MAIDEN NAME** **Matilda Jane Speck** **14. NAME OF HUSBAND OR WIFE** **Edward E. Kennedy**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **No** **16. SOCIAL SECURITY NO.** **None** **17. INFORMANT'S SIGNATURE OR NAME** **Edward E. Kennedy** **ADDRESS** **Crocker, Mo**

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Coronary Occlusion**  
 ANTECEDENT CAUSES **DUE TO (b) Hypertension**  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
**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

**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) \_\_\_\_\_ **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** **Aug**, 19**52**, to **Oct 2**, 19**52**, that I last saw the deceased alive on **Sept**, 19**52**, and that death occurred at **8:00 AM**, from the causes and on the date stated above.

**23a. SIGNATURE** **John A. Mikalovich D.O.** (Degree or title) **23b. ADDRESS** **Crocker Mo.** **23c. DATE SIGNED** **10-3-52**

**24a. BURIAL, CREMATION, REMOVAL (Specify)** **Burial** **24b. DATE** **Oct. 4, 1952** **24c. NAME OF CEMETERY OR CREMATORY** **Crocker Cemetery** **24d. LOCATION** (City, town, or county) (State) **Crocker, Missouri**

**DATE REC'D BY LOCAL REG.** **10-4-52** **REGISTRAR'S SIGNATURE** **458** **25. FUNERAL DIRECTOR'S SIGNATURE** **Herbert Edward...** **ADDRESS** \_\_\_\_\_

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

850  
1

Date Filed 10-27-52  
File Number  
Pulaski County Health Officer

RECEIVED 10-27-52

**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.

Signed \_\_\_\_\_  
Student Embalmer

Student Embalmer No. \_\_\_\_\_  
Signed *Walter P. Hedger*

Licensed Embalmer No. *14265*

P. O. Address *Ghera, 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.