

RECEIVED OCT 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32607

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6010 Registrar's No. 233

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sugar Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sugar Creek</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD #1 Moberly West of Junior School</u>			d. STREET ADDRESS (If Rural, give location) <u>RFD #1 Moberly 6882</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>LEROY</u> c. (Last) <u>KENNEDY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-2-1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec-13-1937</u>	9. AGE (In years last birthday) <u>14</u>	# UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Ord Nebraska, U.S.A.</u>		
13a. FATHER'S NAME <u>John Wesley Kennedy</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Ruth Hutchins</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John W. Kennedy Moberly Mo.</u>		
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) <u>Broken neck & other head injuries</u> ANTECEDENT CAUSES DUE TO (b) <u>being hit by an automobile while walking</u> DUE TO (c) <u>on the highway</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>ER124</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>RFD #1</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Moberly Randolph Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Day) <u>October 2-52 9:53 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hit by a car while walking</u>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at _____ P.M., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>John P. Barrow 3 Coronar</u>			23b. ADDRESS <u>Moberly Mo</u>		23c. DATE SIGNED <u>Oct 2-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct-4-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u>		
24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Weiland</u>		ADDRESS <u>Snow Funeral Home Moberly Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-4-52</u>		REGISTRAR'S SIGNATURE <u>Earl Weiland</u>				

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

6-60
3

STATEMENT BY LICENSED EMBALMER

[Redacted] was embalmed by me, or by _____
Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____
Licensed Embalmer No. 4117
P. O. Address Moberly 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.