

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 15

0051  
C

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

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>	
c. LENGTH OF STAY (In this place) <u>5 1/2 years</u>		d. STREET ADDRESS (If rural, give location) <u>541 Logan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent Hoop.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Patrick</u> c. (Last) <u>McKenna</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 9, 1876</u>		9. AGE (In years last birthday) <u>76</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Frisco Boiler Maker</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (City and State or Foreign Country) <u>Hudson, Mich.</u>		
11a. FATHER'S NAME <u>Barney McKenna</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13b. MOTHER'S MAIDEN NAME <u>Sarah Elliot</u>		14. NAME OF HUSBAND OR WIFE <u>Johanna Wagner McKenna</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. P. McKenna Monett, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>491X</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Bronchial Asthma</u> <u>Arteriosclerosis</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21. HOW DID INJURY OCCUR	

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 Dec 1, 1952 to Feb 2, 1953, that I last saw the deceased alive on Feb 2, 1953, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. L. Edwards MD</u>		23b. ADDRESS <u>Monett, Mo</u>		23c. DATE SIGNED <u>Feb 3, 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 4, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Pierce City, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. W. Buchanan Monett, Mo</u>			

DATE REC'D BY LOCAL REG. <u>2-4-53</u>		REGISTRAR'S SIGNATURE <u>Oliver A. Wornomata</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. W. Buchanan Monett, Mo</u>	
----------------------------------------	--	--------------------------------------------------	--	---------------------------------------------------------------------------	--

FEB 20 1953

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. D. Buchanan  
Licensed Embalmer No. 3179

P. O. Address Winnipeg, Man.

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.