

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **307**

FILED FEB 9 1953

BIRTH NO.

REG. DIST. NO. **42**PRIMARY REG. DIST. NO. **1000**Registrar's No. **145**

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 72 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		8117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2310 Prospect Ave.				d. STREET ADDRESS (If rural, give location) 2310 Prospect Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) FRED		b. (Middle) DOWLER		c. (Last) HENNESSY		4. DATE OF DEATH (Month) (Day) (Year) Jan. 27 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 6 1877	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist (Ret)				10b. KIND OF BUSINESS OR INDUSTRY Retail Drug Stores		11. BIRTHPLACE (State or foreign country) Grand Junction Iowa	
12. CITIZEN OF WHAT COUNTRY? U S A							
13a. FATHER'S NAME John R. Hennessy			13b. MOTHER'S MAIDEN NAME Hester Ann Dowler			14. NAME OF HUSBAND OR WIFE Lassalla M. Hennessy	
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 ADDRESS Mr. Robert E. Hennessy St. Joseph Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Congestion				INTERVAL BETWEEN ONSET AND DEATH unknown	
		ANTECEDENT CAUSES DUE TO (b) Metastatic Carcinoma				unknown	
		DUE TO (c) Carcinoma of Prostate				unknown	
		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 177X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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. 31, 1952 , to 1-27, 1953 , that I last saw the deceased alive on 1-27, 1953 , and that death occurred at 2:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE <i>Sharon E. Linggover M.D.</i>				23b. ADDRESS 301 Illinois Ave., St. Joseph, Mo.		23c. DATE SIGNED 1-30-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 29 1953		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Missouri	
DATE REC'D BY LOCAL REG. Feb 5, 1953		REGISTRAR'S SIGNATURE <i>Carl C. Castel</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Stoney Funeral Home</i> St. Joseph Mo.			

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Charles E. Bennett

Signed

Student Embalmer

Licensed Embalmer No. *4677*

P. O. Address

St. Joseph, 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.