

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5069**

FILED MAR 2 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **59**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>	
c. LENGTH OF STAY (in this place) <b>25 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>1023 So. Pacific</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Charles</b>	b. (Middle) <b>Edward</b>	c. (Last) <b>Kennamer</b>	4. DATE OF DEATH (Month) <b>Feb</b> (Day) <b>21</b> (Year) <b>1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 26 1928</b>	9. AGE (In years last birthday) <b>24</b> Months <b>1</b> Days <b>25</b>	IF UNDER 1 YEAR Hours _____ Min. _____	IF UNDER 18 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>State Service Officer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Government</b>	11. BIRTHPLACE (State or foreign country) <b>Cape Girardeau MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Charles Kennamer</b>	13b. MOTHER'S MAIDEN NAME <b>Alberta McClintick</b>	14. NAME OF HUSBAND OR WIFE <b>Betty Kennamer</b>	<b>Cape</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes War 11</b>	16. SOCIAL SECURITY NO. <b>499-20525a</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Betty Kennamer</b>	ADDRESS <b>Cape/</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intestinal Obstruction</b>		<b>6 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>mesenteric venous thrombosis</b> DUE TO (c) <b>Post operative adhesions</b>		<b>6 days</b> <b>2 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>5702</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <b>Intestinal Obstruction &amp; Mesenteric venous thrombosis</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **2-15, 1953**, to **2-21, 1953** that I last saw the deceased alive on **2-21, 1953**, and that death occurred at **8:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank Hall M.D.</b>	23b. ADDRESS <b>Cape Girardeau MO</b>	23c. DATE SIGNED <b>2-23-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 23 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau MO</b>
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DATE REC'D BY LOCAL REG. <b>2-24-53</b>	REGISTRAR'S SIGNATURE <b>L. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Joe J. Howell</b>	ADDRESS <b>Cape Girardeau MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 7 1953

MAR 3 1953

MAR 8 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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Si 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.