

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13874

390

FILED APR 20 1953

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>390</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>SPRINGFIELD</u>			c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u> <u>0396</u>			d. STREET ADDRESS (If rural, give location) <u>228 E. JEAN</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BURGE HOSPITAL</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ORAL</u>		b. (Middle) <u>LESTER</u>		c. (Last) <u>KENNEMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 15 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>4 JANUARY 1918</u>		9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 1 YEAR Hours _____ Mins. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S. DEPT. OF JUSTICE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GUARD</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>GABE M. KENNEMER</u>			13b. MOTHER'S MAIDEN NAME <u>JESSIE HOPPER</u>		14. NAME OF HUSBAND OR WIFE <u>EVELYN KENNEMER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>491-03-8192</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EVELYN KENNEMER SPEED. MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					<u>unknown</u>
		* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>ANEURYSM of Cerebral vessels</u>					
		DUE TO (c) <u>essential Hypertension</u>					<u>UNKNOWN</u>
		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 <u>331X</u>				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 <u>4-2</u> , 19 <u>53</u> , to <u>4-15</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-15</u> , 19 <u>53</u> , and that death occurred at <u>8:15 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Michael J. Blank</u> M.D.				23b. ADDRESS <u>1630. N Jefferson</u>		23c. DATE SIGNED <u>4-16-53</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-17-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DANFORTH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>GREENE COUNTY, MO.</u>		
DATE REC'D BY LOCAL REG. <u>4-17-53</u>		REGISTRAR'S SIGNATURE <u>Carth Williamson Reg.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hutklinger + Co. Springfield, Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

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S. No. 300  
V. 10.48

APR 23 1963

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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 \_\_\_\_\_

*Max Rhodes*

Licensed Embalmer No. \_\_\_\_\_

4071

P. O. Address \_\_\_\_\_

*Springfield*

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.