S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14705

FILED MAY 7 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 213

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (In this place): 11 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): FREEMAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution, resident before admission.)
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
d. STREET ADDRESS (If rural, give location): 224 JACKSON

3. NAME OF DECEASED (Type or Print)
a. (First): GERTRUDE
b. (Middle): C
c. (Last): KENNEY

4. DATE OF DEATH (Month) (Day) (Year): 4-30-53

5. SEX: FEMALE
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 9/2/1876
9. AGE (In years last birthday): 76 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: SAME.
11. BIRTHPLACE (City and State or Foreign Country): HARRISBURG VA.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John G WAKENIGHT
13b. MOTHER'S MAIDEN NAME: SPRINKLE.
14. NAME OF HUSBAND OR WIFE: ——

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: ——
17. INFORMANT'S SIGNATURE OR NAME: Thos Frances Kenney (daughter) — **ADDRESS**: 224 Jack

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Congestive heart failure — 1 week
DUE TO (c) Arteriosclerotic heart disease. — Sev. years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Fracture of right humerus — 11 days
Diabetes mellitus — ? years
Thrombophlebitis, left leg — 4 days
Old CVA with paralysis right arm. — 4 years

19a. DATE OF OPERATION: ——
19b. MAJOR FINDINGS OF OPERATION: ——
20. AUTOPSY? YES ☐ NO ☒

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) m.: ——
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 4200 F

22. *I hereby certify that I attended the deceased from* 4/25, 1953, *to* 4/29, 1953, *that I last saw the deceased alive on* 4/29, 1953, *and that death occurred at* 6a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph E. Meinhardt M.D.
23b. ADDRESS: 410 Jackson, Joplin, Mo.
23c. DATE SIGNED: 5/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24b. DATE: 5/4/1953
24c. NAME OF CEMETERY OR CREMATORY: ELMWOOD CREMATORY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MO

DATE REC'D BY LOCAL REG.: 5-1-53
REGISTRAR'S SIGNATURE: Ed D. James / Estella Lamphier
28. FUNERAL DIRECTOR'S SIGNATURE: Earl Glover Mort.
ADDRESS: 422 Sex Joplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-6-53
Jasper County Health Office
County File Number 53-5-385
Date Filed 5-6-53

JUN 16 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 Dale Flesner

Licensed Embalmer No. 4593

P. O. Address Joplin 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.