

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16847

State File No.

FILED MAY 11 1953

BIRTH NO.		REG. DIST. NO. <u>358</u>		PRIMARY REG. DIST. NO. <u>6214</u>		Registrar's No. <u>7</u>			
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>					
b. CITY OR TOWN <u>Harwood</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Harwood R.R. #1</u>		d. STREET ADDRESS (If rural, give location) <u>Clear Creek Twp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. #1 - Clear Creek Twp</u>				d. STREET ADDRESS (If rural, give location) <u>Clear Creek Twp</u>					
3. NAME OF DECEASED (Type or Print) <u>Nora</u>		a. (First) <u>Nora</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Kennedy</u>			
4. DATE OF DEATH <u>5-1-53</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>			
8. DATE OF BIRTH <u>Nov 4-1883</u>		9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <u>El Dorado Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Albie Hardin</u>		13b. MOTHER'S MAIDEN NAME <u>Corra Seward</u>			
14. NAME OF HUSBAND OR WIFE <u>P.B. Kennedy</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>P.B. Kennedy</u> ADDRESS <u>R.R. #1 - Harwood</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 Minutes</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Block</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Non Visible</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Un known to me</u>				DUE TO (c)					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4330</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 <u>Jan</u> , 19 <u>53</u> , to <u>May 1st</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Apr 27</u> , 19 <u>53</u> and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. J. Dunaway M.D.</u> (Degree or title)				23b. ADDRESS <u>El Dorado Mo.</u>		23c. DATE SIGNED <u>5-3-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-3-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Martin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Reber County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-3-53</u>		REGISTRAR'S SIGNATURE <u>Bliss B. Daily</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Living Parathers - El Dorado Mo.</u>		ADDRESS <u>no</u>			

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

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AUG 2 1954

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 W. Pickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Springs, S

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.