

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20765

State File No.

FILED JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 673

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 2</u>		d. STREET ADDRESS (If rural, give location) <u>718 W. 11th St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Steve</u> b. (Middle) _____ c. (Last) <u>Kennedy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 1953</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>Dec 24 1891</u>	9. AGE (In years, Months, Days) <u>61 5 22</u>	IF UNDER A REG. HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>coal</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Philo Kennedy</u>	13b. MOTHER'S MAIDEN NAME <u>Aroline Brooke</u>	14. NAME OF HUSBAND OR WIFE <u>Louise Walker Kennedy</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>1st World War</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ray G Hunter</u> ADDRESS <u>703 W. 11th St. Kc Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene of small intestine</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 day approx</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mesenteric thrombosis</u> <u>Mesentery thrombosis</u> DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis with epilepsy</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>5702</u>	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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Jan 1, 1953, to June 16, 1953, that I last saw the deceased alive on June 15, 1953, and that death occurred at 1:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Forrest Thomas MD</u>	23b. ADDRESS <u>St Joseph Mo of State Hosp No 2</u>	23c. DATE SIGNED <u>6/16-53</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/16/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Libson San Fernando Kansas City</u>	24d. LOCATION (City, town, or county) (State) <u>Kanso</u>
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DATE REC'D BY LOCAL REG. <u>June 18, 1953</u>	REGISTRAR'S SIGNATURE <u>Lothar M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Phil C Libson</u> ADDRESS <u>648 State Ave</u>
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(Licensed Embalmer's Statement on Reverse Side)

K.C. Kans.

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

Philip G. Gilson

Signed.....
Student Embalmer

Licensed Embalmer No. 3135

P. O. Address Kan. City Kan.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.