

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25649

State File No.

FILED JUL 30 1953

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 269

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>C.B.&.O. Office</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>	
		d. STREET ADDRESS (If rural, give location) <u>924 Center Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Lawrence b. (Middle) A. c. (Last) Kennedy

4. DATE OF DEATH (Month) (Day) (Year) July 23, 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH February 5, 1908 9. AGE (In years last birthday) Months Days 45 5 15

10a. USUAL OCCUPATION (Give kind of work (Don't include most of working life, even if retired)) Telegraph & Wire Chief

10b. KIND OF BUSINESS OR INDUSTRY C.B.&.O

11. BIRTHPLACE (City and State or Foreign Country) Edina Missouri

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME John Kennedy 13b. MOTHER'S MAIDEN NAME Lillian Mason Kennedy 14. NAME OF HUSBAND OR WIFE Carrie Sans Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 494 07 3178

17. INFORMANT'S SIGNATURE OR NAME Mrs. Lawrence Kennedy ADDRESS Hannibal

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Not Known

ANTECEDENT CAUSES

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Found Dead in Bath Room

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 7955 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? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. M. Lucke, Reg. M.D. 23b. ADDRESS 910 Broadway 23c. DATE SIGNED 7-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7/26/53 24c. NAME OF CEMETERY OR CREMATORY Linville Cews 24d. LOCATION (City, town, or county) (State) Edina Missouri

DATE REC'D BY LOCAL REG. 7/25/53 REGISTRAR'S SIGNATURE E. M. Lucke EMBALMER'S SIGNATURE W. C. Comfort ADDRESS Hannibal Missouri

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

JUL 29 1958

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED

JUL 29 1958

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

John S. Stand

Licensed Embalmer No. 4540

P. O. Address Hammond, Ind

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.