THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25767

FILED AUG 3 1953

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural / Benilia
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4½ miles N. on 71 Highway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: L
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leavenworth 8150
d. STREET ADDRESS (If rural, give location): 143 Montezuma 8

3. NAME OF DECEASED (Type or Print)
a. (First): Bobby
b. (Middle): L.
c. (Last): Kenyon

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 21, 1928
9. AGE (In years last birthday): 23 — 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): US Army
10b. KIND OF BUSINESS OR INDUSTRY: US Army
11. BIRTHPLACE (City and State or Foreign Country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Thurstin D. Kenyon
13b. MOTHER'S MAIDEN NAME: Lillie May Bullmaster
14. NAME OF HUSBAND OR WIFE: Patty G. Kenyon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1953
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: U.S. Army Records Camp Crowder Mo.

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) Crushed Skull — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto Accident
DUE TO (c)

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
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 71 north of Neosho
21c. (CITY, TOWN, OR TOWNSHIP) Newton (COUNTY) 073 (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 22 1953 2:50 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile accident

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* 2:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charley Thompson Coroner
23b. ADDRESS: 302 E Main St. Neosho Mo.
23c. DATE SIGNED: 7-23-53
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-24-53
24c. NAME OF CEMETERY OR CREMATORY: Not known
24d. LOCATION (City, town, or county) (State): Leavenworth, Kansas
DATE REC'D BY LOCAL REG.: 7-23-53
REGISTRAR'S SIGNATURE: Melvin C. Bowman M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Charley Thompson Neosho, Mo.
(Licensed Embalmer's Statement on Reverse Side)

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

AUG 13 1953

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 753-149

Date Filed JUL 29 1953

NEOSHO, MISSOURI

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 Corky Thompson

Licensed Embalmer No. 4861

P. O. Address Neosho, Mo

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.