

17-19-54
FILED JAN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42996
State File No. 6032

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</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 <u>Bourzas City</u>	c. LENGTH OF STAY (in this place) <u>9 days</u>	c. CITY OR TOWN <u>Independence</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>910 So. Hacker</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Errett</u> b. (Middle) <u>Henry</u> c. (Last) <u>Kenepf</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 23 1953</u>	5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>
7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>August 23 1909</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 24 HRS. Hours _____ Mins. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumberman</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>California</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>Errett S. Kenepf</u>	13b. MOTHER'S MAIDEN NAME <u>Lacey Barnes</u>	14. NAME OF HUSBAND OR WIFE <u>Helma Kenepf</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>567-16-3536</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Helma Kenepf (wife) 910 So. Hacker</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, asthma, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis internal carotid artery</u> obstruction of common bile duct <u>3-4 yrs</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>surgery</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5-stony in common duct at the junction of oddi's stenosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30-40 days</u> <u>584X</u>
19a. DATE OF OPERATION <u>12-22</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____	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>12-19-53</u> , <u>12-22-53</u> , <u>12-23-53</u> , that I last saw the deceased alive on <u>12-22-53</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Richard C. Sheek</u> (Degree or title) _____	23b. ADDRESS <u>202 1/2 100 1/2 2nd St. Independence</u>	23c. DATE SIGNED <u>12/23/53</u>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>Dec. 26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Independence - Missouri</u>
DATE REC'D BY LOCAL REG. <u>12-25-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert R. Speaks</u>	ADDRESS <u>Indep. Mo</u>

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *A. Kenneth Patterson*

Licensed Embalmer No. *469*

P. O. Address *Indy 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.