

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 3

0971

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater	c. LENGTH OF STAY (in this place) 15 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location) Main St.	

3. NAME OF DECEASED (Type or Print) a. (First) Jennie	b. (Middle) Elizabeth	c. (Last) Kennedy	4. DATE OF DEATH (Month) (Day) (Year) Feb. 11-1954
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 3rd 1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 8	IF UNDER 1 MO. Days 8	IF UNDER 1 MIN. Hours 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Monroe County, Mo.	12. COUNTRY OF WHAT COUNTRY? U S
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13a. FATHER'S NAME Floyd H. Ellyson	13b. MOTHER'S MAIDEN NAME Frances Baldwin	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If you give war or dates of service) no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frances Collins, Slater--Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 years 1 wk. years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis with failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Senility		
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 <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) Slater, Mo.
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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?
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22. I hereby certify that I attended the deceased from **Sept. 1946** to **Feb. 11, 1954**, that I last saw the deceased alive on **Feb. 11, 1954**, and that death occurred at **7:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. A. McBurney M.D.	23b. ADDRESS Slater, Mo.	23c. DATE SIGNED 2/12/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/13/1954	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Slater, Mo.
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DATE REC'D BY LOCAL REG. 2/13/54	REGISTRAR'S SIGNATURE Mo. Earl C. Metz	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hill Brothers, Slater Mo
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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
Student Embalmer

Signed Sam M Hill

Licensed Embalmer No. 1292

P. O. Address Slater 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 this body is not embalmed, fact should be so stated above.