

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4052**
REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **191**

FILED MAR 1 1954

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 2209 North 7th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) PAUL		b. (Middle) E		c. (Last) KENDALL		4. DATE OF DEATH (Month) (Day) (Year) Feb. 11 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Oct. 11, 1907	
9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (State or foreign country) St. Joseph Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Earl C. Kendall		13b. MOTHER'S MAIDEN NAME Laura May Lingle		14. NAME OF HUSBAND OR WIFE Rosalce (Divorced)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-10-9568		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ralph Moser ADDRESS Troy, Kansas			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cardio Renal Disease with Decompensation ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) XXXXXX				INTERVAL BETWEEN ONSET AND DEATH Unk.	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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 **1-28**, 19**54**, to **2-11**, 19**54**; that I last saw the deceased alive on **2-10**, 19**54** and that death occurred at **7:15 A m.**, from the causes and on the date stated above.

23a. SIGNATURE H F Mundy M.D. (Degree or title)		23b. ADDRESS 2801 Sacramento St. Joseph, Mo.		23c. DATE SIGNED 2-16-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-15-54		24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	
24d. LOCATION (City, town, or county) St. Joseph,		24e. LOCATION (City, town, or county) (State) Missouri			

DATE REC'D BY LOCAL REG. Feb 23, 1954		REGISTRAR'S SIGNATURE Walter M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Stamey Funeral Home St Joseph Mo ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Student Embalmer

Signed *Charles E. Bennett*.....

Licensed Embalmer No. *4677*.....

P. O. Address *St. Joseph 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.