

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**8181**

State File No. ....

BIRTH NO. FILED MAR 30 1954 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 32

<b>1. PLACE OF DEATH</b> a. COUNTY <u>DUNKLIN</u> b. CITY OR TOWN <u>Kennett</u> c. LENGTH OF STAY (in this place) <u>2 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Anthony St.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived, or institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> c. CITY OR TOWN <u>Kennett</u> d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>508 ANTHY St</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>LUTHER</u> b. (Middle) <u>J</u> c. (Last) <u>ROBERTS</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 8 54</u>	
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Oct 6,</u>
<b>9. AGE</b> (In years last birthday) <u>72</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Unknown</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
<b>13a. FATHER'S NAME</b> <u>Unknown</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Sylvia Robert Kennett</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) _____	
<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Hoover Robert Kennett</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>15 MIN</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. _____		_____	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____		_____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> _____		_____	
<b>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 <u>8:20 A.M.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>Quintin T. Law, M.D.</u>		<b>23b. ADDRESS</b> <u>Kennett, MO.</u>	
<b>23c. DATE SIGNED</b> <u>3-26-54</u>		_____	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>3/10/54</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Hornum Cem.</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Hornum, Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>3-26-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Carl W. Hubbard</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Howard Tompkins</u>		<b>ADDRESS</b> <u>Seuth...</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

RECEIVED DUNKLIN COUNTY H

DEPARTMENT 3-29-

COUNTY FILE NUMBER 357

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**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 *Edwin L. Cannon*.....

Licensed Embalmer No. 480

P. O. Address *Smith*.....

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.