

5. No. 300
7. 10.48

FILED JUL 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22845

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5537 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>HOLT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u>	
b. CITY OR TOWN <u>RURAL LIBERTY TWP.</u>		c. CITY OR TOWN <u>RURAL-LIBERTY TWP.</u>	
c. LENGTH OF STAY (in this place) <u>47 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi N. of Mound City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi N. of Mound City</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSIE</u> b. (Middle) <u>SAYBINA</u> c. (Last) <u>KENNISH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 1, 1954</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)	
8. DATE OF BIRTH <u>MAR. 13, 1875</u>		9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>CRAIG, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>IN THE HOME</u>	

13a. FATHER'S NAME <u>HOSAN BLUE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY CURRY</u>		14. NAME OF HUSBAND OR WIFE <u>THOMAS KENNISH, SR.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>THOMAS KENNISH, JR.</u> ADDRESS <u>MOUND CITY, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebrovascular Accident</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Accident</u>		DUE TO (b) <u>Cerebrothrombosis</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Atherosclerotic Hypertension</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		<u>Unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
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) (Min)		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 July 23, 1953, to July 1, 1954, that I last saw the deceased alive on July 1, 1954, and that death occurred at 4 P.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Isaac A. Swearing, M.D.</u>		23b. ADDRESS <u>Creola, Missouri</u>		23c. DATE SIGNED <u>7-10-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-3-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Holt Co., Missouri</u>					

DATE REC'D BY LOCAL REG. <u>7-11-54</u>		REGISTRAR'S SIGNATURE <u>James Crawford</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>James Crawford</u> ADDRESS <u>Mound City, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0.440

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 James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Memphis, 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.