

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28705**

FILED SEP 8 1954

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

BIRTH NO. <u>124<sup>5-567-54</sup></u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>263</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bonne Terre</u>		c. LENGTH OF STAY (If applicable) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bonne Terre Fredericktown</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>301 E. Marvin</u> <u>0621/1</u>			
3. NAME OF DECEASED a. (First) <u>Michael</u> (Type or Print)		b. (Middle) <u>Albert</u>		c. (Last) <u>Kennedy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 31, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Aug. 29, 1954</u>	
9. AGE (In years last birthday) <u>0</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>2</u>		11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		9. AGE (In years last birthday) <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Bonne Terre, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albert S. Kennedy</u>			13b. MOTHER'S MAIDEN NAME <u>Mary R. Moyers</u>			14. NAME OF HUSBAND OR WIFE <u>None</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 ADDRESS <u>Albert Kennedy, Fredericktown, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
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) <u>Fredericktown, Madison, Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
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>Aug. 29, 1954</u> , to <u>Aug. 30, 1954</u> , that I last saw the deceased alive on <u>Aug. 30, 1954</u> , and that death occurred at <u>10 1/2</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>F. Richard Conner</u>			23b. ADDRESS <u>W.D. Farmington, Mo.</u>		23c. DATE SIGNED <u>9-1-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/31/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marcus Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Madison County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 1, 1954</u>		REGISTRAR'S SIGNATURE <u>Eather Rudloff</u> <u>289</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Najim Funeral Home, Fredericktown, Mo.</u>			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>Not Embalmed</sup> ~~embalmed~~ by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Charles McElroy

Licensed Embalmer No. 4852

P. O. Address Fredericktown, 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.