

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **4284** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Belle	c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN La Belle, M	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) 0560	

3. NAME OF DECEASED (Type or Print) Charley Kendrick			4. DATE OF DEATH October 21, 1954		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 29, 1889	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 22	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Newark, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME William Kendrick		13b. MOTHER'S MAIDEN NAME Fannie Rausseau		14. NAME OF HUSBAND OR WIFE Ruby Kendrick	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 490-18-7343	17. INFORMANT'S SIGNATURE OR NAME Ruby Kendrick		ADDRESS La Belle, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris				8 yrs.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
ANTECEDENT CAUSES	DUE TO (b) _____			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) _____			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4202			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 **July 1954**, to **Oct 21, 1954** that I last saw the deceased alive on **Oct 21, 1954**, and that death occurred at **9 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. L. Cooper M.D.	(Degree or title)	23b. ADDRESS La Belle, Mo.	23c. DATE SIGNED 10 22 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/23/1954	24c. NAME OF CEMETERY OR CREMATORY La Belle Cemetery	24d. LOCATION (City, town, or county) (State) La Belle, Missouri
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DATE REC'D BY LOCAL REG. 10-23-54	REGISTRAR'S SIGNATURE P. W. Jennings M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Glader Jr.	ADDRESS La Belle, Mo.
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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 myself, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [Signature]
Licensed Embalmer No. 432

P. O. Address [Address]

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.