

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7308

FILED APR 11 1955

State File No. 353
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		State File No. 353		Registrar's No. _____		
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. LENGTH OF STAY (in this place) life		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3225 So. 11th St. Parkview at Sunnyslope				f. STREET ADDRESS (If rural, give location) 3225 S. 11th St. 0117 0						
3. NAME OF DECEASED (Type or Print) a. (First) Agnes b. (Middle) Elizabeth c. (Last) Kennedy			4. DATE OF DEATH March 24, 1955			5. SEX female			6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed			8. DATE OF BIRTH September 22, 1879		9. AGE (In years last birthday) 75		10. MONTHS		10. HOURS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri 0			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John Weber			13b. MOTHER'S MAIDEN NAME Agnes Fitzpatrick			14. NAME OF HUSBAND OR WIFE Thomas L.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Quaide T. Kennedy, 3113 Gene Field, St. Joseph					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bladder & Uterus</u>					INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 181X						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 Feb. 16, 1954, to March 24, 1955, that I last saw the deceased alive on March 21, 1955, and that death occurred at 4:30 p. m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) J. J. Higgins 0 MD				23b. ADDRESS St. Joseph, Mo			23c. DATE SIGNED 4-1-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/26/1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri					
DATE REC'D BY LOCAL REG. April 7, 1955		REGISTRAR'S SIGNATURE Eather M. Allison 485			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Skaton-Bowman St. Joseph, Mo					

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard A. Collins*.....

Licensed Embalmer No. *495*.....

P. O. Address *A. Joseph*.....

**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.**