

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 4 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. LENGTH OF STAY (in this place) 20 yrs	c. CITY OR TOWN Jefferson City
d. FULL NAME OF HOSPITAL OR INSTITUTION 306 Jefferson Street		f. STREET ADDRESS (If rural, give location) 306 Jefferson Street	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) William c. (Last) Kendig			4. DATE OF DEATH (Month) (Day) (Year) March 30 55		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 30th 1903	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR: Months 3 Days - Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Emporia, Kansas	
13a. FATHER'S NAME Oliver Kendig			13b. MOTHER'S MAIDEN NAME Emma Barber		14. NAME OF HUSBAND OR WIFE Pauline Monroe Kendig

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. 512-01-1627	17. INFORMANT'S SIGNATURE OR NAME Pauline Kendig		ADDRESS 306 Jefferson St	
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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) Coronary Thrombosis		DUE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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	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) 4201
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? as Cole County Coroner

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on March 30, 1955, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE R. G. Davis M.D.	(Degree or title)	23b. ADDRESS 237 Madison Jefferson City MO	23c. DATE SIGNED 3-30-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 1, 1955	24c. NAME OF CEMETERY OR CREMATORY Longview Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City Missouri
DATE REC'D BY LOCAL REG. Apr 2-1955	REGISTRAR'S SIGNATURE R. G. Davis M.D.	25. FUNERAL DIRECTOR'S SIGNATURE James Kenneth Home	

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 *Donald P. Freeman*
Donald P. Freeman
Licensed Embalmer No...4623

P. O. Address...J.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.