

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21710**

FILED AUG 15 1955

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **139**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a.-STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Washington		c. CITY OR TOWN Mermac Twp.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 4 wks.		e. STREET ADDRESS (If rural, give location) RFD#1 Pacific- FoxCreek Rd.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) GRACE	a. (First)	b. (Middle) KENNEDY	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) August, 8, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Febr. 12, 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months -	IF UNDER 1 YEAR Days -	IF UNDER 24 HRS. Hours -	Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady	10b. KIND OF BUSINESS OR INDUSTRY Retail selling	11. BIRTHPLACE (City and State or Foreign Country) Catawissa, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME August Daniel	13b. MOTHER'S MAIDEN NAME Fannie Bell	14. NAME OF HUSBAND OR WIFE B.C. Kennedy
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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) no	16. SOCIAL SECURITY NO. Yes-Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs K. Muldoon	ADDRESS R#1 Pacific, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 20 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Sympathetic Splanchnia		
	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.		2040	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 **Feb 27**, 19**53**, to **Aug 8**, 19**53**, that I last saw the deceased alive on **July 31**, 19**53**, and that death occurred at **8:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE L.O. Muldoon (Degree or title) M.D.	23b. ADDRESS 705 E.M. Washington Mo	23c. DATE SIGNED 8-10-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 11, 1955	24c. NAME OF CEMETERY OR CREMATORY Bush Creek Cemetery	24d. LOCATION (City, town, or county) (State) Gray Summit, Mo.
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DATE REC'D BY LOCAL REG. 8/10/55	REGISTRAR'S SIGNATURE L.E. Hedman & P. Hedman	25. FUNERAL DIRECTOR'S SIGNATURE W.O. Shuler	ADDRESS Pacific, 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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Joe L. Thibodeau*

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.