

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23969
State File No. 23969
Registrar's No. 6374

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	State File No. 23969	
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Oklahoma		b. COUNTY Noble 8350	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo		c. LENGTH OF STAY (in this place) 2 mo. 20 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lucien 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Employees Hospital Ass'n		d. STREET ADDRESS (If rural, give location) Box 30			
3. NAME OF DECEASED a. (First) Claude		b. (Middle) Herbert		c. (Last) Kennedy	
4. DATE OF DEATH (Month) July		(Day) 24		(Year) 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 12, 1902	9. AGE (In years last birthday) 52 yr	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RR. Agent-Telegrapher		10b. KIND OF BUSINESS OR INDUSTRY Rail Road		11. BIRTHPLACE (State or foreign country) Lucien, Okla	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Lilly Bridge Kennedy		13b. MOTHER'S MAIDEN NAME Emily Humbert	
14. NAME OF HUSBAND OR WIFE Laura Nida Kennedy		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. _____	
17. INFORMANT'S SIGNATURE OR NAME Wife		ADDRESS Box 30 Lucien Ok.			
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) Multiple Myelomata			INTERVAL BETWEEN ONSET AND DEATH 6 mo +
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 _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 203x	
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 5-4-1955 to 7-24-1955 , that I last saw the deceased alive on 7-24-1955 , and that death occurred at 6:25 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Norman Miller MD		(Degree or title) MD		23b. ADDRESS 4960 Laclede	
23c. DATE SIGNED 7-24-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-25-55	
24c. NAME OF CEMETERY OR CREMATORY Lucien Okla.		24d. LOCATION (City, town, or county) (State) Lucien Okla.			
DATE REC'D BY LOCAL REG. III 25 1955		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE A.H. Hoppe	
		ADDRESS 4704 Washington Ave.			

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

MAR 27 1958

AUG 30 1955

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
Student Embalmer

Signed.....

Paul G. Wachter

Licensed Embalmer No.

4797

P. O. Address.....

St. Louis, 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.