

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39444**

BIRTH NO. _____ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **6191** Registrar's No. **88**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY TANEY		a. STATE Missouri b. COUNTY TANEY	
b. CITY (If outside corporate limits, give RURAL and give town) Forsyth		c. CITY OR TOWN DICKENS	
c. LENGTH OF STAY (in this place) 4 YEARS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeview Rest Home		e. STREET ADDRESS (If rural, give location) rural DICKENS	

3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) GEORGE	b. (Middle) WASHINGTON	c. (Last) KENYON	NOV 11, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH FEB 17, 1987		9. AGE (In years last birth day) 68		IF UNDER 1 YEAR: Months 8 Days 24 IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William Kenyon		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Eva Kenyon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 508-10-15589		17. INFORMANT'S SIGNATURE OR NAME Eva Kenyon, Dickens Mo	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Emphysema		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pericardial Ischemia			
		DUE TO (c) Senility			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4211	

19a. DATE OF OPERATION none		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)	
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 Nov 10, 1955, to Nov 11, 1955, that I last saw the deceased alive on Nov 11, 1955, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Mary King		23b. ADDRESS D.O. Forsyth Mo		23c. DATE SIGNED 11-15-55	
24a. BURIAL CREMATION, REMOVAL (Specify) Rural		24b. DATE 11-13-55		24c. NAME OF CEMETERY OR CREMATORY Hefley Cemetery	
24d. LOCATION (City, town, or county) (State) TANEYVILLE MO					

DATE REC'D BY LOCAL REG. 11/25/55		REGISTRAR'S SIGNATURE Helen Campbell		574 04	
25. FUNERAL DIRECTOR'S SIGNATURE Church Funeral Home		ADDRESS Forsyth			

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

MIAMI
3 1958

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 *Walter S Bell*

Licensed Embalmer No. *47*

P. O. Address *Janet*

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.