

FILED DEC 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

41736

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 369

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Farmington</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Farmington</b>		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 <b>520 Boyce Street</b>				e. STREET ADDRESS (If rural, give location) <b>Boyce Street</b>				
3. NAME OF DECEASED a. (First) <b>Jane</b> (Type or Print)			b. (Middle)		c. (Last) <b>Kennon</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 12, 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>June 30, 1867</b>		9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>13</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Perry County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Thomas Elders</b>			13b. MOTHER'S MAIDEN NAME <b>Lucinda Adeline Laws</b>		14. NAME OF HUSBAND OR WIFE <b>John Kennon, deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Tony Martin, Farmington Mo</b>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>				<b>2 yrs.</b>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Generalized arteriosclerosis</b>								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4200</b>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) <b>SUICIDE</b> HOMICIDE		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 <b>Jan. 10, 1955 to 12-13, 1955</b> that I last saw the deceased alive on <b>12-9, 1955</b> , and that death occurred at <b>9:30 p.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>C. E. Carlito, M.D.</b>				23b. ADDRESS <b>Farmington, Mo.</b>		23c. DATE SIGNED <b>12-14-55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 17, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>White Water Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Near Perryville, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>Dec. 14, 1955</b>		REGISTRAR'S SIGNATURE <b>Ethel Rudloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Cozean Funeral Home, Farmington, Mo.</b>				

(Licensed Embalmers' 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..... *C. McCozian*  
Licensed Embalmer No. *406*  
P. O. Address *Farmington*

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.