FILED JAN 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 598

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4094 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At The Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City, 0190
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Betty
b. (Middle): None
c. (Last): Kenagy

4. DATE OF DEATH (Month) 1 (Day) 3 (Year) 1956

5. SEX: female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2
8. DATE OF BIRTH: Jan. 3-1956
9. AGE (In years last birthday): If under 1 year: Months 0, Days 0; If under 24 hrs.: Hours, Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and State or Foreign Country): Garden City, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles A. Kenagy
13b. MOTHER'S MAIDEN NAME: Catherine Reynolds
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Catherine Kenagy - Garden City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature Birth — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Premature separation of Placenta — 3 hours
DUE TO (c): Partial premature separation of placenta — 3 months

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diarrhea & vomiting of mother — Oct 1955

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 7615
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 Jan, 1956 *to* 3 Jan, 1956 *that I last saw the deceased alive on* 3 Jan, 1955, *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leoburn Ellis MD
23b. ADDRESS: Garden City Mo
23c. DATE SIGNED: 1/4/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 4-1956
24c. NAME OF CEMETERY OR CREMATORY: Garden City Cemetery
24d. LOCATION (City, town, or county) (State): Garden City, Missouri

DATE REC'D BY LOCAL REG.: Jan 4 56
REGISTRAR'S SIGNATURE: Dora Barnard 457-01
25. FUNERAL DIRECTOR'S SIGNATURE: Atkinson + Hickey - Garden City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 16 1956
HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Riley J. Sliney

Licensed Embalmer No. 4685

P. O. Address Sweden City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.