

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>MO</u> c. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u>	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 <u>Pruett Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Rural #3 0350</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ferrill Dean</u>	b. (Middle) <u>Kennedy</u>	c. (Last) <u>Kennedy</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25-1956</u>
---	----------------------------	--------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Sept 27-1954</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 24 HRS. Hours <u>4</u> Mins. <u>0</u>
--------------------	-------------------------------	---	--------------------------------------	--	------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kennett MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	--

13a. FATHER'S NAME <u>Frank Kennedy</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Mrs. Hair</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
---	---	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Kennedy</u>	ADDRESS <u>Kennett, Mo.</u>
--	-------------------------------------	--	-----------------------------

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Pneumonia</u>		
	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.		<u>492X</u>	

19a. DATE OF OPERATION	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 1-25, 1956, to 1-25, 1956, that I last saw the deceased alive on 1-25, 1956, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L.C. Wilson M.D.</u>	23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>1/30/56</u>
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 26-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Jan 31-1956</u>	REGISTRAR'S SIGNATURE <u>Carla Husband</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lento Service</u>	ADDRESS <u>Kennett, Mo.</u>
---	--	---	-----------------------------

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT ... 2-6-56 ...
JURY FILE NUMBER 256 -

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.....
Licensed Embalmer No. 44.....
P. O. Address.....

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.