FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 19973

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 178

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Mary's Hospital — Length of stay in 1b two days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ohio b. COUNTY Richland
c. CITY OR TOWN Mansfield 8348 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 279 Sheridan Street — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JAMES Middle MICHAEL Last KENNEDY

4. DATE OF DEATH Month June Day 18th Year 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 19th 1896
9. AGE (In years last birthday) 60 — IF UNDER 1 YEAR Months 0 Days 29 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant
10b. KIND OF BUSINESS OR INDUSTRY Accounting
11. BIRTHPLACE (City and state or country) Merrinette, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Michael Kennedy
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 297-09-7370
17. INFORMANT Jack Kennedy, Address 509 A Boonville Road Jefferson City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebellar infarction, left
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) thrombosis of inferior cerebellar arte.
DUE TO (c) Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 332X
INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 16 - 1956 to June 18 - 1956 and last saw her him alive on June 18-1956
Death occurred at 4:09 p.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Fred P. Handler, MD, Pathologist (Degree or title)
22b. ADDRESS St. Mary's Hospital, Jefferson City
22c. DATE SIGNED 18 June 56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 21st '56
23c. NAME OF CEMETERY OR CREMATORY Saint Peter's Cemetery
23d. LOCATION (City, town, or county) Mansfield, Ohio (State)

24. FUNERAL DIRECTOR Tanner Service — ADDRESS Jefferson City
25. DATE RECD. BY LOCAL REG. June 18, 1956
26. REGISTRAR'S SIGNATURE R. C. Dorris MD MR

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald P. Green

Licensed Embalmer No. 4

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.