

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23177

State File No.

BIRTH NO. 69844773-5677 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 227

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Jefferson City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles E. Still Osteopathic Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>917 Moreau Drive</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Boy</u> c. (Last) <u>Kenney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 29, 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>July 29, 1956</u>
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Newborn</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
13a. FATHER'S NAME <u>Warren Brooks Kenney</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Marie Rasp</u>	14. NAME OF HUSBAND OR WIFE <u>Newborn</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Warren Kenney, 917 Moreau Drive</u> ADDRESS <u>Jeff City</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>prematurity -</u> ANTECEDENT CAUSES DUE TO (b) <u>Premature labor -</u> DUE TO (c) <u>Incompat. b/c RH factor.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(RH neg. mother.)</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>29 July, 1956</u> , to <u>29 July, 1956</u> , that I last saw the deceased alive on <u>29 July 56 19</u> , and that death occurred at <u>10:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James G. Miller D.O.</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>	23c. DATE SIGNED <u>30 July 56</u>
24a. BURIAL, CREMATION, OR DISPOSAL (Specify)	24b. DATE <u>July 31st 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lawrence Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Missouri</u>
DATE REC'D BY LOCAL REG. <u>3 August 1956</u>	REGISTRAR'S SIGNATURE <u>R.P. Dorris MD - MR</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tanner Service Co Mo</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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

Body Not Embalmed
Signed *James T. Green*

Licensed Embalmer No. *462*
P. O. Address *Jim*

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.