

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26581

State File No.

FILED SEP 10 1956

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 2002 Registrar's No. 203

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

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>	c. LENGTH OF STAY (In this place) <u>8 YR</u>	c. CITY OR TOWN <u>SPRINGFIELD</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1321 N CAMPBELL</u> <u>0390</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CLIFFORD</u>	b. (Middle) <u>ORVILLE</u>	c. (Last) <u>KENSER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 1 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 13 1910</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TAXI DRIVER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>COMM. TRANS.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>GREENE Co, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ALBERT Kenser</u>	13b. MOTHER'S MAIDEN NAME <u>GRACE FULTON</u>	14. NAME OF HUSBAND OR WIFE <u>ETHEL Kenser</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-03-2214</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ETHEL KENSER</u> ADDRESS <u>1321 N. CAMPBELL</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Neurology, Cerebral Subarachnoid hemorrh.</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>330X</u>
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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?
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22. I hereby certify that I attended the deceased from Sept 1, 1956 to Sept 1, 1956 that I last saw the deceased living on Sept 1, 1956, and that death occurred at 8:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Newton Wakeman MD.</u> (Degree or title)	23b. ADDRESS <u>Springfield Mo</u>	23c. DATE SIGNED <u>9-6-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-5-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HAZELWOOD CEM</u>	24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO</u>
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DATE REC'D BY LOCAL REG. <u>9-7-56</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Ferrell</u> ADDRESS <u>Rogersville, Mo</u>
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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.....
Gyon K. Ferrell

Licensed Embalmer No. *4910*

P. O. Address *Rogersville, Va*

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.