

Health, Welfare Public Service

300
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 12 1956

STANDARD CERTIFICATE OF DEATH

21611

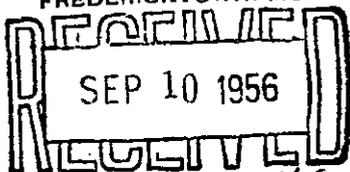
STATE FILE NUMBER

Registration District No. 306 Primary Registration District No. 3042 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FREDERICKTOWN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>FREDERICKTOWN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>702 VILLAR</u>			Length of stay in lb <u>16 YRS.</u>	d. STREET ADDRESS (If outside, give location) <u>702 VILLAR</u>					
3. NAME OF DECEASED (Type or print) First <u>FRANCIS</u> Middle <u>RICHARD</u> Last <u>KENNEDY</u>				4. DATE OF DEATH Month <u>SEPT.</u> Day <u>5</u> Year <u>1956</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JAN 18, 1896</u>		9. AGE (In years last birthday) <u>60</u> IF UNDER 1 YEAR: Month <u>7</u> Day <u>17</u> Hours <u>17</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>JUNK DEALER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>MADISON CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>JOHN F. KENNEDY</u>				14. MOTHER'S MAIDEN NAME <u>MARY A. IRWIN</u>					
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>NONE</u>		17. INFORMANT Address <u>MRS. ETHEL KENNEDY - FREDERICKTOWN, MO.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis, Acute</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>4201</u>		COUNTY <u>MADISON</u>		STATE <u>MO.</u>	
21. I attended the deceased from _____, to _____ and last saw ^{her} him alive on <u>Sept 4, '56</u> Death occurred at <u>1:40</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Charles Michaelis MD</u>				22b. ADDRESS <u>135 S. Maple St. Fredericktown, Mo.</u>		22c. DATE SIGNED <u>Sept 6, 1956</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>9/7/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SETTLE CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>				
24. FUNERAL DIRECTOR <u>L. Adamson</u>			ADDRESS <u>FREDERICKTOWN, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>9-6-1956</u>		26. REGISTRAR'S SIGNATURE <u>Alfonse Fieker</u>		

(Licensed Embalmer's Statement on Reverse Side)

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 956-40

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 Raymond B. Wilson

Licensed Embalmer No. 482

P. O. Address Fredericktown

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.