

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30014

FILED SEP 25 1956

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 244

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Auxvasse</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) <u>Callaway Mem. Hosp.</u>			Length of stay in 1b <u>1 hr.</u>		d. STREET ADDRESS <u>401</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Mervyn</u> Middle <u>Ray</u> Last <u>Kennedy</u>				4. DATE OF DEATH Month <u>Sept</u> Day <u>19</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>Sept 13, 1877</u>		9. AGE (In years last birthday) <u>79</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Maintenance Man</u>		11. BIRTHPLACE (City and state or country) <u>Perry Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>L.M. Kennedy</u>				14. MOTHER'S MAIDEN NAME <u>unknown</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>486 20 1686</u>		17. INFORMANT <u>Mrs. M.R. Kennedy</u>				Address <u>Auxvasse 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>Shock</u>								INTERVAL BETWEEN ONSET AND DEATH <u>1 Hr.</u>	
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.		DUE TO (b) <u>Lung --Kidney, Right, Hemorrhages</u>						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		DUE TO (c) <u>Multiple Fractures Right Ribs, Clavicle, Pelvic, Pubic</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									
20a. ACCIDENT <input checked="" 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.) <u>Auto Accident on highway</u>						
20c. TIME OF INJURY Hour <u>8:15</u> a.m. <u>19</u> Month <u>9</u> Year <u>56</u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway</u>			20f. CITY, TOWN, OR LOCATION <u>Highway 40 8 1/2 miles west Kingdom</u>						
20g. COUNTY <u>Callaway</u>			20h. STATE <u>Missouri</u>						
21. I attended the deceased from <u>10:15 A.</u> to <u>10:15 A.</u> and last saw <u>her</u> alive on <u>9/20/56</u> at <u>Kingdom</u> City.								21b. Death occurred at <u>10:15 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Henry A. Stewart</u> (Last name or title) Coroner				22b. ADDRESS <u>3 Fulton</u>		22c. DATE SIGNED <u>9/20/56</u>		22d. STATE <u>Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/21/56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Auxvasse</u>		23d. LOCATION (City, town, or county) (State) <u>Auxvasse, Missouri.</u>			
24. FUNERAL DIRECTOR <u>Margaret Furlow</u>				25. DATE RECD. BY LOCAL REG. <u>9/22/56</u>		26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>			

(Licensed Embalmer's Statement on Reverse Side)

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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 *J. J. Rossow*
Licensed Embalmer No. *25*

P. O. Address *Albion*

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.