

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

File No. **31162**

FILED OCT 4 1956

BIRTH NO. _____ REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **3030** Registrar's No. **98**

1. PLACE OF DEATH
a. COUNTY **JEFFERSON**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MISSOURI** b. COUNTY **JEFFERSON**

b. CITY (If outside corporate limits, write RURAL and give township) **FESTUS** c. LENGTH OF STAY (in this place) **28 years**
c. CITY OR TOWN **FESTUS** d. Is Residence within limits of a city or incorporated town? Yes No
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **301 N. Adams**
e. STREET ADDRESS (If rural, give location) **301 N. ADAMS**

3. NAME OF DECEASED a. (First) **NORA** b. (Middle) **M** c. (Last) **KENNEDY** 4. DATE OF DEATH (Month) (Day) (Year) **SEPT. 25, 1956**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed** 8. DATE OF BIRTH **DEC. 4, 1883** 9. AGE (In years) (Months) (Days) (Hours) (Min.) **72 9 21**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **OWN HOME** 11. BIRTHPLACE (City and State or Foreign Country) **PIEDMONT, MO.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **DELMAR ROODY** 13b. MOTHER'S MAIDEN NAME **MARGARET BALL** 14. NAME OF HUSBAND OR WIFE **WM V. KENNEDY**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **MRS F. FRAZIER FESTUS, MO** ADDRESS _____

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) **Cerebral hemorrhage**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Hypertension**
DUE TO (c) **Hypertensive Heart disease**
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 **443x** 20. AUTOPSY? YES NO

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) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Aug 22, 1956**, to **Sept 25, 1956**, that I last saw the deceased alive on **Sept 24, 1956**, and that death occurred at **1:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Bertina Bolger** (Degree or title) _____ 23b. ADDRESS **Festus, Mo** 23c. DATE SIGNED **Sept 26, 1956**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **9/27/56** 24c. NAME OF CEMETERY OR CREMATORY **SALARY** 24d. LOCATION (City, town, or county) (State) **DE SORO, MO.**

DATE REC'D BY LOCAL HEALTH DEPARTMENT **9-26-56** REGISTRAR'S SIGNATURE **James C. Taylor** 25. FUNERAL DIRECTOR'S SIGNATURE **Geoffrey R. Talbot** ADDRESS **Crystal City, Mo.**

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

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 2 1956

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 *Geoffrey R. Tolet*.....

Licensed Embalmer No. *348*

P. O. Address *Crystal*.....

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.