

FILED NOV 14 1956

STANDARD CERTIFICATE OF DEATH

State File No. **33399**

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

BIRTH NO. _____		REG. DIST. NO. <u>62</u>		PRIMARY REG. DIST. NO. <u>4108</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stockton</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>205 S. High St.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> c. CITY OR TOWN <u>Stockton</u> d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ e. STREET ADDRESS (If rural, give location) <u>205 S. High St.</u> <u>0200</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CRICK</u> b. (Middle) <u>MITCHELL</u> c. (Last) <u>KENNEY</u>		4. DATE OF DEATH (Month) <u>Nov.</u> (Day) <u>3</u> (Year) <u>1956</u>		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>May 21, 1888</u>		9. AGE (In years, that birthday) <u>68</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>12</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stockton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Milton Kenney</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy E. Hamby</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Kenney</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida Kenney, Stockton, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma stomach</u> ANTECEDENT CAUSES Morbidity 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 ☐ 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) _____ m. 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 <u>9:18</u> , 19 <u>56</u> , to <u>10:31</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10:31</u> , 19 <u>56</u> , and that death occurred at <u>3 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. B. Richter M.D.</u>		23b. ADDRESS <u>Stockton Mo.</u>		23c. DATE SIGNED <u>11.4.56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11-4-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Alder Cemetery</u>		24d. LOCATION (City, town, or county) _____ (State) _____ <u>Cedar County, Mo.</u>		DATE REC'D BY LOCAL REG. <u>11-10-56</u>	
REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Canlon Funeral Home, Stockton, Mo.</u>		ADDRESS <u> </u>		4-0	

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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.....

Licensed Embalmer No. 438

P. O. Address Stockton

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.