FILED DEC 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37204

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 5135 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ASHHILL Twp — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Broseley — Length of stay in 1b 2Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Broseley 0120 — Inside Limits Yes X No
d. STREET ADDRESS Broseley Mo. (If outside, give location) — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First EDWARD Middle Mc Cullen Last KENNEDY

4. DATE OF DEATH Month 10- Day 26 Year 56

5. SEX Male 6. COLOR OR RACE White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 8. DATE OF BIRTH 5-27-1877 9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months, Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Dudley, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Kennedy
14. MOTHER'S MAIDEN NAME Temperance Grahm

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -------
16. SOCIAL SECURITY NO. ------
17. INFORMANT Roy Kennedy, Address Fisk, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Not known
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.1
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 26, 1956 to Octob 26 1956 and last saw her/him alive on Oct 26, 1956
Death occurred at 11:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W.R. Wenck (Degree or title) MD
22b. ADDRESS Poplar Bluff Mo.
22c. DATE SIGNED 10-26-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-28-56
23c. NAME OF CEMETERY OR CREMATORY Brown Chapel
23d. LOCATION (City, town, or county) Butler, Co. (State) Mo.

24. FUNERAL DIRECTOR J.C.White. ADDRESS Fisk, Mo.
25. DATE REC'D BY LOCAL REG. 11/27/56
26. REGISTRAR'S SIGNATURE G.L. Murtle for

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

RECEIVED
DEC 4 - 1956
BUTLER CO. HEALTH CENTER
FILE No._____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond L. Duffy

Licensed Embalmer No. 47

P. O. Address Bernie

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.