FILED DEC 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38506
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 174

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~WEBB CITY~~ Mineral Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ELMHURST CONVALESCENT HOME Length of stay in 1b 3 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY NEWTON
c. CITY OR TOWN RURAL SHOAL CRK TWS D 139 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RT. 4, BOX 222 JOPLIN Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JAMES Middle F. Last KENNEDY
4. DATE OF DEATH Month DEC. Day 3, Year 1956
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SEPR. X
8. DATE OF BIRTH JUNE 16, 1881
9. AGE (In years last birthday) 75 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) RETIRED CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY BUILDING
11. BIRTHPLACE (City and state or country) DUBLIN, IRELAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JAMES KENNEDY
14. MOTHER'S MAIDEN NAME UNKNOWN
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 Address CHAS. H. KENNEDY, RT. 4, BOX 222, JOPLIN

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) Anoxia — INTERVAL BETWEEN ONSET AND DEATH: 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypostatic pneumonia — 48 hours
DUE TO (c) Cardio-vascular-syndrome — 6 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Prostatism 4221
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.)
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 Apr. 21, 1956, to 12/3/56 and last saw her/him alive on 11/3/56
Death occurred at 11:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. A. Mahoney, DO 2
22b. ADDRESS Joplin, Mo
22c. DATE SIGNED 12/7/56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 12-6-56
23c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL CEMETERY
23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.
25. DATE RECD. BY LOCAL REG. 12-7-56
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

74-0

County File Number 6-72-979
Date Filed DEC 1 1956

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 F. M. Jones

Licensed Embalmer No. 23

P. O. Address Japlin

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.