

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 647

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>MO</b> b. COUNTY <b>CLAY</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Gashland</b>		c. CITY OR TOWN <b>Gashland</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 YRS</b>		e. STREET ADDRESS (If rural, give location) <b>RT 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RT 1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ruth</b>	b. (Middle) <b>Louise</b>	c. (Last) <b>Hennessey</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 2 1957</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT 28 1903</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>10</b>	IF UNDER 4 HRS. Hours <b>10</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>KEARNEY MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Thomas Pollock</b>	13b. MOTHER'S MAIDEN NAME <b>Molly Sheets</b>	14. NAME OF HUSBAND OR WIFE <b>HARRY HENNESSEY</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>510-05-8517</b>	17. INFORMANT'S SIGNATURE OR NAME <b>HARRY A. HENNESSEY</b>	ADDRESS <b>Gashland MO</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b> <b>about 10 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hyper-tensive Cardiovascular Disease</b>		
	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 <b>4201</b>	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **2-21-**, 1955, to **1-2-**, 1957, that I last saw the deceased alive on **12-7-**, 1956, and that death occurred at **4:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ronald E. Kieng</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Mo, Gashland Mo</b>	23c. DATE SIGNED <b>1-3-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 4-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>mt. Olivet Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kearney Mo</b>
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DATE REC'D BY LOCAL REG. <b>1-4-57</b>	REGISTRAR'S SIGNATURE <b>Marquette Hudgens</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer</b>	ADDRESS <b>78 N. G. Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

+94

JAN 21 1957

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 *John Walsbeck*

Licensed Embalmer No. *4949*  
P. O. Address *Mo. Kansas City*

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.