

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4087**

FILED MAR 14 1957

BIRTH NO. _____ REG. DIST. NO. **74** PRIMARY REG. DIST. NO. **5295** Registrar's No. **5**

| | | | | | |
|--|--|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY CLINTON | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clinton | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PLATTSBURG | | c. LENGTH OF STAY (in this place) CONCORD Twp 5 1/2 yr. | c. CITY OR TOWN CAMERON | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lewis Nursing Home | | | | | |
| e. STREET ADDRESS (If rural, give location) West 3rd St. | | | | | |

| | | | | | |
|--|-------------|-----------|---|--|--|
| 3. NAME OF DECEASED (Type or Print) Catherine MARY Kenney | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 28 57 | | |
| a. (First) | b. (Middle) | c. (Last) | | | |

| | | | | | | |
|-----------------|------------------------------|---|-------------------------------------|---|-----------------|------------------|
| 5. SEX F | 6. COLOR OR RACE W. I | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH NOV. 4 1869 | 9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| | | | | | Months | Days |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY DRESS MAKER | | 11. BIRTHPLACE (City and State or Foreign Country) Indiana | | 12. CITIZEN OF WHAT COUNTRY? USA. | |
|--|--|--|--|---|--|--|--|

| | | | | | |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME Walter Kenney | | 13b. MOTHER'S MAIDEN NAME MARGARET Quigley | | 14. NAME OF HUSBAND OR WIFE NONE | |
|---|--|---|--|---|--|

| | | | | | | | |
|--|--|-------------------------------------|--|---|--|----------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Noble A Key | | ADDRESS CAMERON Mo. | |
|--|--|-------------------------------------|--|---|--|----------------------------|--|

| | | | | | | | |
|--|--|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis | | | | 2 Wks | |
| | | ANTECEDENT CAUSES | | | | | |
| | | *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | | |
| | | MORBID 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. Malnutrition | | | | 6 Mo | |

| | | | | | | | |
|------------------------|--|----------------------------------|--|--------------------------|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? 4222 | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
|------------------------|--|----------------------------------|--|--------------------------|--|---|--|

| | | | | | |
|--|--|--|--|--|--|
| 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) 0 | |
|--|--|--|--|--|--|

| | | | | | |
|--|--|--|--|----------------------------|--|
| 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? | |
|--|--|--|--|----------------------------|--|

22. I hereby certify that I attended the deceased from **Feb 15, 1957**, to **Feb 28, 1957**, that I last saw the deceased alive on **Feb 15, 1957**, and that death occurred at **10 P. m.**, from the causes and on the date stated above.

| | | | | | |
|---|--|-----------------------------------|--|----------------------------------|--|
| 23a. SIGNATURE W. R. Spalding MD (Degree or title) | | 23b. ADDRESS Plattsburg Mo | | 23c. DATE SIGNED Mar 1 57 | |
|---|--|-----------------------------------|--|----------------------------------|--|

| | | | | | | | |
|--|--|-----------------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL | | 24b. DATE Mar 2 1957 | | 24c. NAME OF CEMETERY OR CREMATORY Kenny Cemetery | | 24d. LOCATION (City, town, or county) (State) Killet Missouri | |
|--|--|-----------------------------|--|--|--|--|--|

| | | | | | | | |
|--|--|---|--|---|--|---------------------------|--|
| DATE REC'D BY LOCAL REG. Mar 4 1957 | | REGISTRAR'S SIGNATURE Elizabeth Acarao | | 25. FUNERAL DIRECTOR'S SIGNATURE Robert F. Polak | | ADDRESS Cameron Mo | |
|--|--|---|--|---|--|---------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

441

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 Robert F Poland.

Licensed Embalmer No. 4777
222 West
P. O. Address Camino

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.