

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED MAR 20 1957

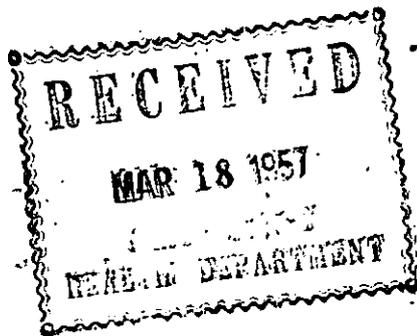
State File No. **7949**
 Registrar's No. **28**

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5226		REGISTRAR'S NO. 28	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE California b. COUNTY Unknown			
b. CITY OR TOWN Near Belton, Missouri		c. LENGTH OF STAY (in this place) Stat		c. CITY OR TOWN Burbank		d. STREET ADDRESS (If rural, give location) 8040 1334 North California, Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. Naval Air Station, Kansas				d. STREET ADDRESS (If rural, give location) 1334 North California, Street			
3. NAME OF DECEASED (Type or Print) a. (First) Samual			b. (Middle) Madison		c. (Last) KENNEY		4. DATE OF DEATH (Month) (Day) (Year) 3 8 57
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3 JUL 1930		9. AGE (In years last birthday) 26 if UNDER 14 YEAR 9 Days 5 Hours 5 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Naval Aviator		10b. KIND OF BUSINESS OR INDUSTRY USMCR		11. BIRTHPLACE (City and State or Foreign Country) Missoula, Montana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wilbur M. KENNEY			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Carolyn M. KENNEY (Wife)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes 11-25-52 to 3-8-57			16. SOCIAL SECURITY NO. 516267734		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS G. W. BABCOCK, CWO#4 USNR, USNAS, Olathe		
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.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Injuries, extreme				INTERVAL BETWEEN ONSET AND DEATH Stat			
ANTECEDENT CAUSES 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. Aircraft accident 860X							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 39				20. AUTOPSY? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT X (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On farm		21c. CITY OR TOWN OR TOWNSHIP Near Belton		21d. COUNTY (STATE) Cass Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 8 1957 1013		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? air plane accident			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, that death occurred at 1013 Am. , from the causes and on the date stated above.							
23a. SIGNATURE T.W. Gouldin (Degree or title) LT. MC. USNR-R				23b. ADDRESS USNAS, OLATHE, KANSAS		23c. DATE SIGNED 3-8-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-8-1957		24c. NAME OF CEMETERY OR CREMATORY Olathe capne		24d. LOCATION (City, town, or county) (State) Olathe, Johnson County, Kansas	
DATE RECD BY LOCAL REG 4-5-57		REGISTRAR'S SIGNATURE Alvera Barwood		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Dulger Funeral Home Olathe, Kansas			

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

457
 Omm

(Licensed Embalmer's Signature to be made at Olathe, Kansas)



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
Student Embalmer

Signed Charles L. Fleming

Licensed Embalmer No. 4569

P. O. Address Clatsop County

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 this body is not embalmed, fact should be so stated above.