

FILED MAR 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9638**

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 51	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rolla)		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN St. James		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Memorial Hosp.				STREET ADDRESS (If rural, give location) Light Star Rt.,			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) RICHARD		c. (Last) KENNEDY		4. DATE OF DEATH (Month) (Day) (Year) March 15, 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9-17-1897	
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 MINS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (City and State or Foreign Country) Oklahoma		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles W. Kennedy		13b. MOTHER'S MAIDEN NAME Edith McCullough		14. NAME OF HUSBAND OR WIFE Sara Kennedy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 293-20-5596		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sara Kennedy Light Star Rt. St. James, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis 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.				INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 3-14, 1957 , to 3-15, 1957 , that I last saw the deceased alive on 3-15, 1957 , and that death occurred at 3:35 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. E. F. and m. D.				23b. ADDRESS Rolla mo.		23c. DATE SIGNED 3-18-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-17-1957		24c. NAME OF CEMETERY OR CREMATORY Lake Spring Cemetery		24d. LOCATION (City, town, or county) (State) Lake Spring, Mo.	
DATE REC'D BY LOCAL REG. Mar. 18, 1957		REGISTRAR'S SIGNATURE Nadine L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE Carl J. Slamm		ADDRESS 1100 Elm, Rolla, Mo.	

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

RECEIVED

Phelps County Health Officer,

County File Number 678

Date Filed MAR 23 1957

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APR 19 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 Me Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed *Carl J. Glenn* Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, Mo.

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.