

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28139

STATE FILE NUMBER

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 582

1. PLACE OF DEATH a. COUNTY <i>Henry</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <i>Windsor,</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Rural, Leeton, Mo.</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Windsor Community Hospital, Idav</i>		Length of stay in lb		d. STREET (If outside, give location) ADDRESS <i>R.R. No. 2, Leeton, Mo.</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>EL ROY EDWARD KENNEDY</i>				4. DATE OF DEATH Month Day Year <i>August 29th, 1957</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>February 2, 1914</i>		9. AGE (In years last birthday) <i>43</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer,</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>General Farming,</i>		11. BIRTHPLACE (City and state or country) <i>Pleasant Hill, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Charles Wallace Kennedy,</i>				14. MOTHER'S MAIDEN NAME <i>Pearl Noe,</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>Yes World War #2</i>		16. SOCIAL SECURITY NO. <i>492-14-0232</i>		17. INFORMANT Address <i>Mrs. Berta Kennedy, Leeton, Missouri.</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture of Skull</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Car Wreck 8-28-57</i> DUE TO (c) <i>Automobile Accident.</i>						INTERVAL BETWEEN ONSET AND DEATH <i>12 Hours</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Automobile Accident</i>					
20c. TIME OF INJURY: Hour Month, Day, Year <i>2:00 8-28-1957 P. M. August</i>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>New Castle Coal Co. Road</i>		20f. CITY, TOWN, OR LOCATION <i>Rural, Windsor, Henry County, Missouri</i>		COUNTY STATE	
21. I attended the deceased from <i>8-28-1957</i> to <i>8-29-1957</i> and last saw <i>him</i> alive on <i>8-29-1957</i> Death occurred at <i>2:00 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Ray B Jordan</i> (Degree or title)				22b. ADDRESS <i>M.D. Windsor, Missouri.</i>		22c. DATE SIGNED <i>8-29-1957</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>9-1 1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Hill Cemetery,</i>		23d. LOCATION (City, town, or county) (State) <i>Warrensburg, Missouri.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>R.A. Brauntinger, Warrensburg, Missouri</i>				25. DATE RECD. BY LOCAL REG. <i>9-7-57</i>		26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

VS
FEB 18 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student.....
Signature of Student Embelmer

Signed

Licensed Embalmer No. 3

P. O. Address *Warren*

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.