

FILED OCT 11 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31114**

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

BIRTH NO. _____		REG. DIST. NO. <b>58</b>		PRIMARY REG. DIST. NO. <b>4091</b>		Registrar's No. <b>27</b>	
1. PLACE OF DEATH a. COUNTY <b>Carter</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Carter</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Fremont</b>		c. LENGTH OF STAY (In this place) <b>5 years</b>		c. CITY OR TOWN <b>Fremont</b>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>20180</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Own Home</b>				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED a. (First) <b>Lillie</b>		b. (Middle) <b>Ann</b>		c. (Last) <b>Kennedy</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 6 1957</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Nov 4 1879</b>	
9. AGE (In years) (Month) (Day) (Year) <b>77</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Francis Co, Mo</b>	
12. CITIZENSHIP OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Canada</b>		13b. MOTHER'S MAIDEN NAME <b>Catherin Bennet</b>		14. NAME OF HUSBAND OR WIFE <b>Andy Kennedy</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rona Kennedy St. Louis Mo</b>			
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) <b>Acute Circulatory Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis</b> DUE TO (c) <b>Chronic arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b> <b>2 yrs</b> <b>3 yrs</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	
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 <b>12-8, 1948</b> , to <b>10-6, 1957</b> , that I last saw the deceased alive on <b>4-13, 1956</b> , and that death occurred at <b>1:00 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Frank Kusinski, D.O.</b>				23b. ADDRESS <b>Van Buren, Mo</b>		23c. DATE SIGNED <b>10-7-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 9 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fremont</b>		24d. LOCATION (City, town, or county) (State) <b>Fremont Mo</b>	
DATE REC'D BY LOCAL REG. <b>Oct. 9-57</b>		REGISTRAR'S SIGNATURE <b>Mrs Oeta Henson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Seaton Pruitt Van Buren Mo.</b>			

RECEIVED

OCT 10 1957

CARTER COUNTY  
HEALTH CENTER

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 *Seaton Perwill*.....

Licensed Embalmer No. *2287*

P. O. Address *Van Buren*.....

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.