

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009765
STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 32

300
-57

1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ironton 0470		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bell Meadows			Length of stay in lb 17 mo.	d. STREET ADDRESS (If outside, give location) Bell Meadows		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) CLARENCE EDWARD KENDALL				4. DATE OF DEATH Month March Day 30 Year 1958			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 1 1891	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) foreman		10b. KIND OF BUSINESS OR INDUSTRY Machine works		11. BIRTHPLACE (City and state or country) Thayer Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME David Kendall			13b. MOTHER'S MAIDEN NAME Mary Kecher		14. NAME OF HUSBAND OR WIFE Edna Laird Kendall		
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.		17. INFORMANT Address Edna Kendall, Ironton Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage, l. carotid artery						INTERVAL BETWEEN ONSET AND DEATH 5 minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Shotgun wound, left neck 976X							
DUE TO (c) Psycho-neurosis, depression.						3 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Retinitis, with poor vision, rt. Old injury l. eye						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot himself with shotgun				
20c. TIME OF INJURY 5:45 p.m. 3-30-58							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home		20f. CITY, TOWN, OR LOCATION Ironton		COUNTY Iron	STATE Mo.
21. I attended the deceased from March 24, 58 , to 3-30-58 and last saw her alive on 3-28-58 Death occurred at 5:50 am m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Ben W. Bull, M.D.				22b. ADDRESS Ironton, Mo.		22c. DATE SIGNED 3-31-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-1-58	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		23d. LOCATION (City, town, or county) (State) Ironton, Mo.		
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo.				25. DATE RECD. BY LOCAL REG. 4-1-58	26. REGISTRAR'S SIGNATURE Mrs. Avis Jones		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature. All diseases in Part I must be causally related.

Anal. White

(Licensed Embalmer's Statement on Reverse Side)

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 *Russell J. White*

Licensed Embalmer No. *3212*
P. O. Address *Imperial, 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.