

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19425-58

58-016012

Registrar's No. 4095

No. 300
10.48

FILED APR 21 1958

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4095			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO				b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give town) ST LOUIS		c. LENGTH OF STAY (In this place) 3 WKS		c. CITY OR TOWN DITTMER		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 39 CARDINAL GLENNON HOSP.				STREET ADDRESS (If rural, give location) 29 RURAL MERAMEC TOWNSHIP					
3. NAME OF DECEASED (Type or Print)		a. (First) DAVID		b. (Middle) LEON		c. (Last) KENNON		4. DATE OF DEATH (Month) (Day) (Year) 4 12 1958	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 3-23-1958		9. AGE (In years last birthday) 23 IF UNDER 1 YEAR Months 0 Days 03 IF UNDER 24 HRS. Hours 00 Min. 00	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME TRUMAN KENNON			13b. MOTHER'S MAIDEN NAME GRANVILLE SPEER			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Truman Kennon			ADDRESS Dittmer 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure				Obstruction of the Aorta				Birth	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity								Birth	
DUE TO (c) Hare Lip - cleft Palate								Birth	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 754.6		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
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) _____		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 3/23 1958 , to 4/13 1958 , that I last saw the deceased alive on 4/13 1958 , and that death occurred at 5:45 pm. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Austin R. Sharp M.D.				23b. ADDRESS 1465 So. Grand Blvd.				23c. DATE SIGNED 4/14/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/15/58		24c. NAME OF CEMETERY OR CREMATORY ST MARTINS CEMETERY		24d. LOCATION (City, town, or county) (State) DITTMER MO			
DATE REC'D BY LOCAL REG. APR 15 '58		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Brimmer Funeral Home		ADDRESS Honolulu Springs Mo.			

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

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.....
John H. Bummer

Licensed Embalmer No. *1470*

P. O. Address *House Springs*

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.