

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021751
STATE FILE NUMBER

FILED JUN 17 1958 Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Hawell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hawell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>West Plains</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1358 Washington</u>		Length of stay in 1b <u>37 yrs.</u>	0466 STREET ADDRESS (If outside) give location) <u>1358 Washington</u>
3. NAME OF DECEASED (Type or print) First <u>Homer</u> Middle <u>Alfred</u> Last <u>Kennard</u>			4. DATE OF DEATH Month <u>6</u> Day <u>1</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. - 1907</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Houseboy</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	9. AGE (In years last birthday) <u>50</u>
11. BIRTHPLACE (City and state or country) <u>La Crosse Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W.A. Kennard</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Laugherty</u>	14. NAME OF HUSBAND OR WIFE <u>Merle D. Kennard</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Yes</u>	17. INFORMANT <u>Lessa McCall</u> Address <u>Kennett, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart Failure</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Found dead in his bed - obviously</u>			
DUE TO (c) <u>head 12 or 14 hrs</u>			<u>7824</u>
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 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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>1358 Wash Wash</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Deater Lewis acting coroner</u>		22b. ADDRESS <u>West Plains</u>	22c. DATE SIGNED <u>6/6/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>6-3-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lalie Brown</u>	23d. LOCATION (City, town, or county) (State) <u>West Plains, Mo</u>
24. FUNERAL DIRECTOR <u>Robertson's</u> ADDRESS <u>West Plains Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6-14-58</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>

300
-57
1

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

3

17

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 *L. Robertson*

Licensed Embalmer No. *343*

P. O. Address

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.