Health, & Welfare Public Service 96 306 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025182
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 755A

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 408 E. Walnut — Length of stay in 1b 5 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield 0396 0 — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 408 E. Walnut — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First BEULAH Middle B. Last KENNEDY
4. DATE OF DEATH: Month ABOUT July 29th, Day Year 1958
5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED X
8. DATE OF BIRTH Nov. 1, 1913
9. AGE (In years last birthday) 44 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary
10b. KIND OF BUSINESS OR INDUSTRY Clerical
11. BIRTHPLACE (City and state or country) Cedar County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George W. Kennedy
13b. MOTHER'S MAIDEN NAME Jessie Davidson
14. NAME OF HUSBAND OR WIFE Divorced
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. — — —
17. INFORMANT George W. Kennedy, Address Caplinger Mills, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ACUTE ALCOHOLISM — INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Found dead in apartment Aug. 1, 1958
UNATTENDED BY A PHYSICIAN
DUE TO (c) 3220
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 X NO

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 him alive on ____
Death occurred at ____ unknown m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James H. Amos M.D. (Degree or title) Greene County Health Officer, Springfield, Missouri
22b. ADDRESS
22c. DATE SIGNED 8-6-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 3, 1958
23c. NAME OF CEMETERY OR CREMATORY Caplinger Mills,
23d. LOCATION (City, town, or county) (State) Cedar County Missouri

24. FUNERAL DIRECTOR Ralph Thieme ADDRESS Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 8-6-58
26. REGISTRAR'S SIGNATURE Effie G. Mellon

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

AUG 13 1958

AUG 28 1958

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 ..... Signed ....Lee Mason....
Signature of Student Embalmer

(no arterial injection)

Licensed Embalmer No. 4568

P. O. Address .....Springfield, I

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.