

THE DIVISION OF HEALTH OF MISSOURI
DIVISION CERTIFICATE OF DEATH

59-000114
 STATE FILE NUMBER

FILED JAN 14 1959

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 10

| | | | |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Barry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett | | c. CITY OR TOWN Monett | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent Hosp. | | Length of stay in lb 9 hrs. | |
| 3. NAME OF DECEASED (Type or print) First Kenneth Middle Lee Last Tennison | | 4. DATE OF DEATH Month Jan. Day 7, Year 1959 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> INFANT | 8. DATE OF BIRTH Jan. 6, 1959 |
| 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 country) Monett, Mo. |
| 13a. FATHER'S NAME James Tennison | | 13b. MOTHER'S MAIDEN NAME Mary Long | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. ### | 17. INFORMANT Address James Tennison, Monett, 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) Pulmonary atelectasis | | | INTERVAL BETWEEN ONSET AND DEATH 7 hrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| 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.) ITEM 25 CORRECTED | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | BY AFFIDAVIT OF Registrar 1-23-59 | |
| 20d. INJURY OCCURRED WHILE AT <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 1-6-59 , to 1-7-59 and last saw her/him alive on 1-7-59 Death occurred at 8:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE F. B. Evans M.D. | | 22b. ADDRESS Monett, Missouri | |
| 22c. DATE SIGNED 1/9/59 | | | |
| 23a. BURIAL LOCATION #70855### | | 23b. DATE 1/9/59 | |
| 23c. NAME OF CEMETERY OR CREMATORY Kings Prarie Cem. | | 23d. LOCATION (City, town, or county) (State) Barry County, Mo. | |
| 24. FUNERAL DIRECTOR J. D. Buchanan | | ADDRESS Monett, Mo. | |
| 25. DATE RECD. BY LOCAL REG. 1-9-59 | | 26. REGISTRAR'S SIGNATURE Ma P. N. Cook | |

Health, Welfare & Public Service

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1-57
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

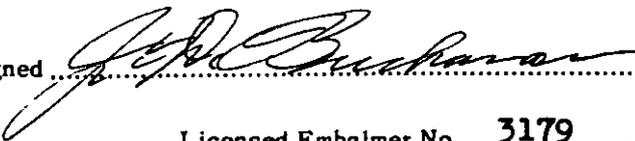
MEDICAL CERTIFICATION

DATE REC. 1-12-59

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 

Licensed Embalmer No. 3179
P. O. Address Monett, 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.