

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006697

STATE FILE NUMBER

FILED MAR 6 1959 Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 13

300
1-57

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Unionville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 28th and Monroe St.		Length of stay in lb 4 Months	d. STREET ADDRESS (If outside, give location) Richland Township
3. NAME OF DECEASED (Type or print) First Middle Last Samuel Edward Kenney			4. DATE OF DEATH Month Day Year February 20, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 19, 1880
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 0 Days 1	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Putnam County, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Fountain Kenney	
13b. MOTHER'S MAIDEN NAME Sarah Frances Riggin		14. NAME OF HUSBAND OR WIFE Bertha Kenney	
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. None	17. INFORMANT Mrs Mae Ayers Unionville, Mo.
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>arteriosclerosis & hypertension</i> DUE TO (c) <i>7</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Chronic myocarditis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 minutes</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 9:30 P. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Chas. L. Gold</i>		22b. ADDRESS <i>Dr. Gold</i> Unionville, Missouri	22c. DATE SIGNED 2/21/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/22/59	23c. NAME OF CEMETERY OR CREMATORY Riggin Cemetery
23d. LOCATION (City, town, or county) Putnam County, Missouri		(State)	
24. FUNERAL DIRECTOR Corner of Funeral Home By <i>John M. Comstock</i>		25. DATE RECD. BY LOCAL REG. 2-23-59	26. REGISTRAR'S SIGNATURE <i>Marvell Durbin</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 N. Comstock*

Licensed Embalmer No. *3891*

P. O. Address *Unionville, N.H.*

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.