

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008314
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 64

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| 1. PLACE OF DEATH a. COUNTY Audrain | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Mexico 00430 | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 114a S. Washington | | d. STREET ADDRESS (If outside, give location) 114a S. Washington | |

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| 3. NAME OF DECEASED (Type or print) First Albert Middle Louis Last Kennen | 4. DATE OF DEATH Month March Day 14 Year 1959 |
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| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH Oct. 20, 1892 | 9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) farmer | 10b. KIND OF BUSINESS OR INDUSTRY Stockman | 11. BIRTHPLACE (City and state or country) Ladonia, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Edward C. Kennen | 13b. MOTHER'S MAIDEN NAME Peoria Moss | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. 495-38-2056 | 17. INFORMANT Charles Kennen Address Ladonia, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) peritonitis | | INTERVAL BETWEEN ONSET AND DEATH 2 hrs. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) perforated duodenal ulcer | | 4 hrs. |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5411 | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |

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| 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.) |
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| 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 |
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| 21. I attended the deceased from never to never and last saw her alive on never Death occurred at 1 P m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE William H. Tompkins (Degree or title) Cover | 22b. ADDRESS 112 N. Clark Street No 3 | 22c. DATE SIGNED 3/14/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 3-16-59 | 23c. NAME OF CEMETERY OR CREMATORY Ladonia Cemetery | 23d. LOCATION (City, town, or county) (State) Ladonia, Missouri |
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| 24. FUNERAL DIRECTOR Wilkey-Bienhoff, Ladonia, Mo. ADDRESS | 25. DATE RECD. BY LOCAL REG. March 14-1959 | 26. REGISTRAR'S SIGNATURE Blanche Neely |
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All diseases in Part I must be causally related.
WILLIAM H. TOMPKINS
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
-57

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 *Earl T. Orndorff*

Licensed Embalmer No. 3189

P. O. Address..... Mexico, Missouri

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.