

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025843

FILED VS AUG 4 1959

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 11

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Chariton					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield		Length of stay in 1b		c. CITY OR TOWN Mendon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McLarney Hosp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Claude Middle Hiram Last Kenley				4. DATE OF DEATH Month 7 Day 27 Year 59					
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-26-1898	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Lester M. Kenley			13b. MOTHER'S MAIDEN NAME Nora O. Beck			14. NAME OF HUSBAND OR WIFE Lena Kenley			
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. no		17. INFORMANT Address Lena Kenley Mendon, 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) 2nd day shock								INTERVAL BETWEEN ONSET AND DEATH hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) peritonitis		DUE TO (c) mesenteric thrombosis		3 days			
						4 days			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) generalized arteriosclerosis						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 a.m. p.m.	Month, Day, Year								
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 1958 to 7-27-59 and last saw her alive on 7-27-59 Death occurred at 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) B. D. Howell M.D.				22b. ADDRESS Brookfield Mo				22c. DATE SIGNED 7-27-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-30-59	23c. NAME OF CEMETERY OR CREMATORY White Oak		23d. LOCATION (City, town, or county) (State) Browning Rural Mo.				
24. FUNERAL DIRECTOR ADDRESS Wade Funeral Home Browning,			25. DATE RECD. BY LOCAL REG. 7-30-59		26. REGISTRAR'S SIGNATURE Katharine Johnson Dep				

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard J. W.

Licensed Embalmer No. 417

P. O. Address Orono

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.