

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026831

FILED VS JUL 24 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2-6612** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Green</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b <i>4 days</i>		c. CITY OR TOWN <i>Springfield</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Frisco Employees</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>811 E. Monroe</i>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Arthur</i> Middle <i>Eugene</i> Last <i>Kendall</i>				4. DATE OF DEATH Month <i>July</i> Day <i>13</i> Year <i>1959</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-24-1911</i>	9. AGE (last birthday) <i>47 yr.</i>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Locomotive Engineer</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	11. BIRTHPLACE (City and state or country) <i>Springfield, Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Arthur Monroe Kendall</i>			13b. MOTHER'S MAIDEN NAME <i>Sarah Adele Hunt</i>		14. NAME OF HUSBAND OR WIFE <i>Alberta Perkins Kendall</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes World War II 42020423 42010101</i>			16. SOCIAL SECURITY NO. <i>702-07-5254</i>	17. INFORMANT <i>Wife</i>	Address <i>Same - 811 E. Monroe</i>		
18. CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)			<i>Pulmonary Edema</i>				<i>2 days</i>
DUE TO (b)			<i>Heart Failure</i>				<i>2 days +</i>
DUE TO (c)			<i>Arteriosclerotic Heart Disease</i>				<i>3 years</i>
			<i>Hypertension</i>				<i>3 years</i>
			<i>Cerebral Hemorrhage 6-23-59</i>				<i>6-23-59</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 checked="" type="checkbox"/> NO <input 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 <i>July 9, 1959</i> to <i>July 13, 1959</i> and last saw him <i>alive</i> on <i>July 13, 1959</i> Death occurred at <i>12:55 - 6:50 P</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Normanda Miller MD</i> (Degree or title)				22b. ADDRESS <i>4960 Laclede Ave</i>		22c. DATE SIGNED <i>7-13-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>7-14-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Greenlawn - Springfield</i>		23d. LOCATION (City, town, or county) <i>Springfield, Mo</i> (State)			
24. FUNERAL DIRECTOR <i>Hoppe Klingner - Springfield, Mo</i> ADDRESS			25. DATE REC'D BY LOCAL REG. <i>JUL 14 '59</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

