RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-031236
STATE FILE NUMBER

Threadgill FILED VS SEP 15 1959
Registration District No. 352 Primary Registration District No. _____ Registrar's No. 90

NDED

1. PLACE OF DEATH
a. COUNTY Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson — Length of stay in 1b: 1 day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Skaggs Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Taney
c. CITY OR TOWN Forsyth — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Forsyth — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle CLEMENT Last KENYON
4. DATE OF DEATH: Month Sept. Day 2, Year 1959
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-21-1884
9. AGE (last birthday): 75 — IF UNDER 1 YEAR: Months 7 Days 11 — IF UNDER 24 HR: 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: Carpenter
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Kenyon
13b. MOTHER'S MAIDEN NAME: Mary Rocke
14. NAME OF HUSBAND OR WIFE: Lula Kenyon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Lawrence Kenyon, Forsyth, 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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: one wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — yrs.
DUE TO (c): Scientific changes in arteries — yrs.
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 ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Sept 1st 54, to Sept 2nd and last saw her/him alive on Sept 2nd
Death occurred at 12:30 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] — 22b. ADDRESS: Forsyth, Mo — 22c. DATE SIGNED: 9/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 9-6-59
23c. NAME OF CEMETERY OR CREMATORY: Snapp Cemetery
23d. LOCATION (City, town, or county) (State): Forsyth, Mo

24. FUNERAL DIRECTOR ADDRESS: Forsyth Funeral Home, Forsyth, Mo
25. DATE RECD. BY LOCAL REG.: 9/9/59
26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

SEP 1 6 1969

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_____ Signed Walter S. Co

Signature of Student Embalmer

Licensed Embalmer No. 45

P. O. Address Brauso

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