JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 23 1959

59–033355
STATE FILE NUMBER

NDED

Registration District No. 2 8 2 Primary Registration District No. _____ Registrar's No. 165

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Humansville — Length of stay in 1b: 3 Da.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humansville Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cedar
c. CITY OR TOWN El Dorado Springs — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. 5 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Saloma Middle: Last: Kennedy

4. DATE OF DEATH Month: Sept. Day: 15 Year: 1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 10-28-72
9. AGE (last birthday) 86
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Webb City, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Garver
13b. MOTHER'S MAIDEN NAME Lucy Offield
14. NAME OF HUSBAND OR WIFE Thomas Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Deloris Gammon, ElDorado Sps. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Left Kidney. — INTERVAL BETWEEN ONSET AND DEATH: 14 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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 1959, to Sept 15, 1959 and last saw her/him alive on 9/15/59
Death occurred at 8:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G. G. Robinson MD
22b. ADDRESS Humansville Mo.
22c. DATE SIGNED 9/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-19-1959
23c. NAME OF CEMETERY OR CREMATORY Conlinger Mills Cem.
23d. LOCATION (City, town, or county) (State) Conlinger Mills, Mo.

24. FUNERAL DIRECTOR Gwinn-Carothers, ElDorado Sps., Mo
ADDRESS
25. DATE RECD. BY LOCAL REG. Sept. 19, 1959
26. REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Floyd E. Carathers

Licensed Embalmer No. 4419

P. O. Address El Dorado Spr

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.