

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005075

FILED VS FEB 24 1960

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 25 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler -Mt Pleasant		c. CITY OR TOWN Butler	
Length of stay in 1b 35 yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD Butler Mo		d. STREET ADDRESS (If outside, give location) RFD Butler Mt Pleas.	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) William Adolphus Kenney			4. DATE OF DEATH Month Feb Day 14 Year 1960			
5. SEX Male	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 12/17 1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator and Grain		10b. KIND OF BUSINESS OR INDUSTRY Bates Co Mo		11. BIRTHPLACE (City and state or country) Bates Co Mo		12. CITIZEN OF WHAT COUNTRY USA	
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13a. FATHER'S NAME Wm A Kenney		13b. MOTHER'S MAIDEN NAME Adaline McNemer		14. NAME OF HUSBAND OR WIFE Selina Kenney	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes WW#1		16. SOCIAL SECURITY NO. 487 07 6192		17. INFORMANT Selina Kenney-Butler 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) Acute Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 8 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Recurrent Coronary In-			
DUE TO (c) Sufficiency - Ch. Arteriosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the immediate disease condition given in PART I (a)			PART III. 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.)	
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20c. TIME OF INJURY Hour 9AM Month, Day, Year Feb 14, 1960		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 Butler Missouri		COUNTY STATE	
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21. I attended the deceased from May 1952 to Feb 14, 1960 and last saw him alive on Feb 13, 1960	
Death occurred at 9AM on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE Carter W. Butler MD (Degree or title)		22b. ADDRESS Butler Missouri		22c. DATE SIGNED 2/16/60	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/16/60		23c. NAME OF CEMETERY OR CREMATORY Oa Hill Cemetery		23d. LOCATION (City, town, or county) Butler Missouri		(State)	
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24. FUNERAL DIRECTOR Culver Underwood-Butler Mo		25. DATE RECD. BY LOCAL REG. Feb. 16-1960		26. REGISTRAR'S SIGNATURE Kenneth Kerney	
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

3000

MAR 29 1960

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: *Robert D. Steinkamp*

Licensed Embalmer No. *465*

P. O. Address *Butler*

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.