

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008578

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 33

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

AMENDED INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 33

FILED APR 5 1961

1. PLACE OF DEATH
 a. COUNTY **Howell**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Willow Springs**
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Home**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY **Howell**
 c. CITY OR TOWN **Willow Springs** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **Gen. Delivery** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Dominick Kenny

4. DATE OF DEATH Month Day Year
March 30, 1961

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married
 Widowed Divorced

8. DATE OF BIRTH **5/23/84** 9. AGE (last birthday) **76**
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.
10 7

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

13a. FATHER'S NAME **Patrick Kenny** 13b. MOTHER'S MAIDEN NAME **Maria Kelly** 14. NAME OF HUSBAND OR WIFE **Leomatha Kenny**

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. _____ 17. INFORMANT **Mrs. Leomatha Kenny, Willow Springs, 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) **Coronary occlusion:**
 DUE TO (b) **Myocarditis**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 DUE TO (c) **Hypertension:**
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Arteriooclerosis**
 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 **6-14-60** to **3/30/61** and last saw him alive on **3-30-61**
 Death occurred at **4 A.M. (A.M.)** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Harold W. Miller** (Degree or title)
Dr. Harold W. Miller M.D. 22b. ADDRESS **Willow Springs, Mo.** 22c. DATE SIGNED **3/31/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **4/3/61** 23c. NAME OF CEMETERY OR CREMATORY **City Cemetery** 23d. LOCATION (City, town, or county) **Willow Springs, Mo.**

24. FUNERAL DIRECTOR **Burns, Willow Springs, Mo.** ADDRESS _____ 25. DATE REGO. BY LOCAL REG. **4/3/61** 26. REGISTRAR'S SIGNATURE **Bugie Boss**

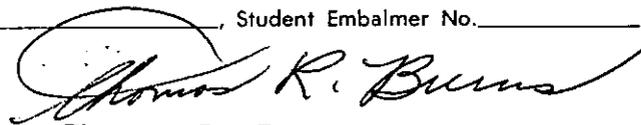
MAY 9 1961

STATEMENT BY LICENSED EMBALMER

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

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 
Thomas R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs,

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