

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010185

AMENDED

Registration District No. 292 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

STATE FILE NUMBER

**FILED APR 3 1961**

1. PLACE OF DEATH a. COUNTY <u>ROLLS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ROLLS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SALINE TOWNSHIP</u>	Length of stay in 1b. <u>84 YRS</u>	c. CITY OR TOWN <u>SALINE TOWNSHIP</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MONROE CITY R 2</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>MONROE CITY R 2</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>JUETT</u> Last <u>KENDRICK</u>	4. DATE OF DEATH Month <u>MARCH</u> Day <u>27</u> Year <u>1961</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-17-1877</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>ROLLS COUNTY, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JEROME KENDRICK</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH GOUGH</u>	14. NAME OF HUSBAND OR WIFE <u>PINK LOUISE KENDRICK</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO.	17. (INFORMANT) <u>Leo Kendrick Monroe City, Mo</u> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u> DUE TO (b) <u>Cerebral Atherosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Cancer of Rectum &amp; Anemia</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year
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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
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21. I attended the deceased from 11-16-60 to 3-27-61 and last saw him alive on 3-22-61  
Death occurred at 4 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Mary Patricia Shershan MD</u>	22b. ADDRESS <u>Monroe City, Mo</u>	22c. DATE SIGNED <u>3-29-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MARCH 29-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HOLY ROSARY CEMETERY</u>	23d. LOCATION (City, town, or county) <u>MONROE CITY, MO</u>	(State)
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24. FUNERAL DIRECTOR <u>Wilson Cox Monroe City, Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>3/29/1961</u>	26. REGISTRAR'S SIGNATURE <u>Clydes, Wilcox</u>
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DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

JUN 14 1961

JUN 13 1962

JAN 22 1964

**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 me \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lester L. Wilson \_\_\_\_\_

Licensed Embalmer No. 2014 \_\_\_\_\_

P. O. Address Monroe City, Mo. \_\_\_\_\_

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.

*[Handwritten scribbles and illegible text at the bottom of the page]*