

XC-16 470 657 318

100893

-61-026997

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No. 6721

AMENDED

FILED JUL 26 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>Jersey</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>915 N. Grand, St. Louis, Mo.</b>		Length of stay in 1b <b>2 days</b>	c. CITY OR TOWN <b>JERSEYVILLE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VET. ADM. HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>111 Walton</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>CECIL</b> Middle <b>F.</b> Last <b>KENNEDY</b>			4. DATE OF DEATH Month <b>JULY</b> Day <b>19</b> Year <b>1961</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/2/87</b>	9. AGE (last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SHOE SUPPLY CO.</b>	11. BIRTHPLACE (City and state or country) <b>OTTERVILLE, ILL.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>STROTHER KENNEDY</b>		13b. MOTHER'S MAIDEN NAME <b>ROSE KENNEDY</b>		14. NAME OF HUSBAND OR WIFE <b>CORA KENNEDY</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>YES WW-1</b>		16. SOCIAL SECURITY NO. <b>WW-1</b>	17. INFORMANT Address <b>Cora Kennedy (Wife), Same Add. as 2d</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH <b>48 HRS</b>	
IMMEDIATE CAUSE (a) <b>BILATERAL BRONCHO PNEUMONIA</b>						
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CA OF PROSTATE WITH METASTASIS</b>						
DUE TO (c) <b>177X</b>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>CEREBRAL ENCEPHALOMALACTIA</b>				PART III. If 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.)			
20c. TIME OF INJURY Hour : Month, Day, Year a.m. p.m.						
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	
21. I attended the deceased from <b>7/17/61</b> to <b>7/19/61</b> and last saw <b>him</b> alive on <b>7/19/61</b> Death occurred at <b>6:40 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <b>Ron G. Blades</b> (Degree or title) <b>Ron G. Blades M.D.</b>			22b. ADDRESS <b>VAH, St. Louis, Mo.</b>		22c. DATE SIGNED <b>7/19/61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>7-19-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Grimes Neely</b>	23d. LOCATION (City, town, or county) <b>JERSEY CO., ILL.</b>	(State)		
24. FUNERAL DIRECTOR <b>JACOBY BROS. JERSEYVILLE, ILL.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>JUL 19 1961</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>		

MEDICAL CERTIFICATION

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

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

Signed Frank Protopop

Licensed Embalmer No. 4356

P. O. Address St. Louis 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.