

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045204

STATE FILE NUMBER

Registration District No. 3026 Registrar's No. 7

AMENDED  
DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		Length of stay in 1b <b>20yr.</b>	c. CITY OR TOWN <b>Independence</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>Indep. Sanitarium</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>746 East Walnut</b>	
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>Edwin</b> Last <b>Kendrick</b>			4. DATE OF DEATH Month <b>12</b> Day <b>24</b> Year <b>61</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8-4-1891</b>	9. AGE (last birthday) <b>70</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ins Agent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Life Ins.</b>	11. BIRTHPLACE (City and state or country) <b>Cameron Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Kendrick</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Hauger</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Lucille Kendrick</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.I</b>			17. INFORMANT Address <b>Anna L. Kendrick Indep. Mo.</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
IMMEDIATE CAUSE (a) <b>Electrolyte Imbalance</b>					<b>1 week</b>
DUE TO (b) <b>Intestinal Obstruction</b>					<b>4 weeks</b>
DUE TO (c) <b>Recurrent Cancer of Colon</b>					<b>2 Months</b>
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. <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 <b>7:30</b> a.m. Month, Day, Year <b>12/24/61</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>12/12/61</b> to <b>12/24/61</b> and last saw <sup>her</sup> <del>him</del> alive on <b>12-11-61</b> Death occurred at <b>7:30 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>W. S. Groszake, M.D.</b>			22b. ADDRESS <b>Independence, Mo.</b>		22c. DATE SIGNED <b>12/29/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-27-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>McDaniel Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Cameron Mo</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Poland Funeral Home Cameron Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-26-61</b>	26. REGISTRAR'S SIGNATURE <b>Alba K. Craig</b>		

JAN 10 1962

JAN 29 1963

**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 Lawrence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cincinnati

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.