

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-014650
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 184

FILED MAY 14 1962

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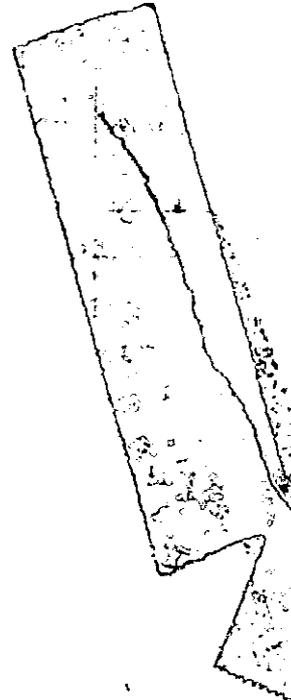
DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Length of stay in lb 1 day	c. CITY OR TOWN Holt Summit, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) none Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last OPLE (none) KENNISON			4. DATE OF DEATH Month Day Year May 9 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 18, 1902
9. AGE (last birthday) 60		IF UNDER 1 YEAR Months Days 1 20	IF UNDER 24 HR Hours Min. 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Oklahoma
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME Sam Wells	
13b. MOTHER'S MAIDEN NAME Etta Dudley		14. NAME OF HUSBAND OR WIFE Ray Kennison	
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 Address Ray Kennison, Holt Summit, 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) Cerebral Hemorrhage DUE TO (b) Arteriosclerosis and DUE TO (c) Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 11 hrs year
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 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 s.m. p.m. Month, Day, Year		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 5:00 AM to May 9/62 and last saw her alive on May 9/62 Death occurred at _____ m on the _____ day stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE Dean A. Dwyler M.D. (Degree or title)		22b. ADDRESS Jefferson City	22c. DATE SIGNED 5-11-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 11, 1962	23c. NAME OF CEMETERY OR CREMATORY Riverview	23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
24. FUNERAL DIRECTOR ADDRESS Tanner Funeral Home 700 Jefferson St. J.C. Mo.		25. DATE RECD. BY LOCAL REG. 11 May 1962	26. REGISTRAR'S SIGNATURE R.P. Davis, M.D. Richter Dep

USE BLACK INK OR TYPEWRITER RIBBON

Faint, mostly illegible text, possibly bleed-through from the reverse side of the page.



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 *Orma Louise Jones*

Licensed Embalmer No. 4411

P. O. Address Belle me.

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.