MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-014650
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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

FILED MAY 14 1962

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Memorial — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Callaway
c. CITY OR TOWN: Holt Summit, — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): none — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First OPLE Middle (none) Last KENNISON
4. DATE OF DEATH: Month May Day 9 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Mar. 18, 1902
9. AGE (last birthday): 60 — IF UNDER 1 YEAR: Months 1 Days 20 — IF UNDER 24 HR: Hours Min.
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: Ray Kennison, Address: Holt Summit, Mo.

MEDICAL CERTIFICATION

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 — INTERVAL BETWEEN ONSET AND DEATH: 11 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis and
DUE TO (c) hypertension — years
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. ☐ 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 Jan/62, to May 9/62 and last saw her alive on May 9/62
Death occurred at 5:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Leon A Dayler (Degree or title) M.D.
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: Tanner Funeral Home ADDRESS 700 Jefferson St. J.C. Mo.
25. DATE RECD. BY LOCAL REG.: 11 May 1962
26. REGISTRAR'S SIGNATURE: R P Harris, MD N Richter Dep

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2			
3			
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7			
8			
9	331X		
10			
11			
12	5-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

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 Omer Howard Jones

Licensed Embalmer No. 4411

P. O. Address Belle 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.