

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035187

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 509

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 15 1962	
1. PLACE OF DEATH a. COUNTY <b>Jasper</b> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b> Length of stay in lb <b>5 yrs</b> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1415 Sergeant Ave.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b> c. CITY OR TOWN <b>Joplin</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>1415 Sergeant Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>VICTOR</b> Middle <b>R.</b> Last <b>KENDALL</b>	4. DATE OF DEATH Month <b>October</b> Day <b>8</b> Year <b>1962</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</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>9-13-1900</b>
9. AGE (last birthday) <b>62</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>V.P. &amp; Gen. Mgr.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Diamond Match Co.</b>
11. BIRTHPLACE (City and state or country) <b>Joplin, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Alva Byron Kendall</b>	13b. MOTHER'S MAIDEN NAME <b>Mattie Lorella Carrico</b>
14. NAME OF HUSBAND OR WIFE <b>Ruth Kendall</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unk</b>
17. INFORMANT <b>Mrs. Ruth Kendall, 1415 Sergeant Ave.</b>	Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b>	
DUE TO (b) <b>Coronary Thrombosis with Myocardial Infarction</b>	
DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</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.) <b>None</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
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 <b>Joplin, Missouri</b> COUNTY _____ STATE _____	
21. I attended the deceased from <b>10-14-57</b> to <b>8-4-61</b> and last saw him <del>live</del> <sup>die</sup> on <b>August 4, 1961</b> Death occurred at <b>2:15 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>H. Stephens S. D.</i> (Degree or title) <b>D.O.</b>	22b. ADDRESS <b>211 West 20th St., Joplin, Mo.</b>
22c. DATE SIGNED <b>10-8-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-12-1962</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery,</b>	23d. LOCATION (City, town, or county) (State) <b>Webb City, Missouri</b>
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY; JOPLIN, MISSOURI</b> ADDRESS _____	25. DATE RECD. BY LOCAL REG. <b>10-12-1962</b>
26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

ITEM NO. SHOULD READ

DATE AMENDED

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

VS 300 Rev. 4/59  
 10499  
 20499  
 3  
 4 0  
 5 1  
 6  
 7 0  
 8 2  
 9 420.1  
 10  
 11  
 12 90-2  
 13 2-0

JAN 10 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 Shaw, E. Bruce

Licensed Embalmer No. 4463

P. O. Address Joplin 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.