

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

REGISTRATION DISTRICT NO. 37
PRIMARY REGISTRATION DISTRICT NO. 3023
REGISTRAR'S NO. 0001246
STATE FILE NUMBER

VS 300
Rev. 4/59

0425

20425

3

4 0

5 0

6

7 0

8 0

9 200

10

11

12 57-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

HENRY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

CLINTON

Length of stay in 1b

1 WEEK

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

GENERAL Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

HENRY

c. CITY OR TOWN

CLINTON

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

112 N 4th CLINTON Mo.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

CARL FREDERICK KANENBLEY

4. DATE OF DEATH

Month

Day

Year

JAN. 28 1964

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

DEC. 15 1894

9. AGE (last birthday)

72

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARM

10b. KIND OF BUSINESS OR INDUSTRY

FARM

11. BIRTHPLACE (City and state or country)

FLORENCE MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

HENRY KANENBLEY

13b. MOTHER'S MAIDEN NAME

AUGUSTA MEIER

14. NAME OF HUSBAND OR WIFE

NEVER MARRIED

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.

490-42-7946

17. INFORMANT

CHARLES H. SANDERS CLINTON 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)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Anterior Choron Heart Disease

3 yrs

DUE TO (c)

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 15 - 64 to Jan 28 - 64 and last saw her alive on Jan 28 - 64
Death occurred at 2:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Wm Brodshaw, M.D.

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

1/29/64

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

JAN. 30/1964

23c. NAME OF CEMETERY OR CREMATORY

FLORENCE CEMETERY

23d. LOCATION (City, town, or county)

FLORENCE MO.

24. FUNERAL DIRECTOR

ADDRESS

Deanna Steverson, Dover Mo.

25. DATE RECD. BY LOCAL REG.

JAN 30, 1964

26. REGISTRAR'S SIGNATURE

Mildred Bigum

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 23 1964

MAR 10 1964

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

J. L. Stevenson
Licensed Embalmer No. 4073

P. O. Address

Stover 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.

Permit Obtained 1-30-64

(17.8)