

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27550

State File No. _____

FILED SEP 8-1952

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville,</u> <u>0272</u>	
c. LENGTH OF STAY (in this place) <u>2 Hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>212 Seventh St.</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Martha</u>	b. (Middle) <u>Evelyn</u>	c. (Last) <u>Kendall.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept.</u> <u>2</u> <u>1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 9 1917</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Public School.</u>	11. BIRTHPLACE (State or foreign country) <u>Wooldridge, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Ford Kendall</u>	13b. MOTHER'S MAIDEN NAME <u>Lola Pigg</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ford Kendall, Boonville, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diminished vital capacity</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thoracoplasty, left and mediastinal shift</u> DUE TO (c) <u>Pulmonary tuberculosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Terminal cardiac dilatation and insufficiency</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 9/1, 1952, to 9/2, 1952, that I last saw the deceased alive on 9/2, 1952, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Paine D.M.D.</u>	23b. ADDRESS <u>Boonville, Mo</u>	23c. DATE SIGNED <u>9/2/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 4 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>9-4-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>381</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman & Boller, Boonville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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OCT 31 1952

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
Student Embalmer

Signed *G. J. Boller* _____

Licensed Embalmer No. *3062* _____

P. O. Address *Boonville, 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 this body is not embalmed, fact should be so stated above.