

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35702**

FILED OCT 26 1953

BIRTH NO. _____ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **3023** Registrar's No. **212**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grays Nursing Home		d. STREET ADDRESS (If rural, give location) 200 N 3 rd.	

3. NAME OF DECEASED (Type or Print)	a. (First) LULA	b. (Middle) C	c. (Last) KENNEDY	4. DATE OF DEATH (Month) (Day) (Year) OCT. 18 1953
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Dec. 27 1869	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 9 Days 21	IF UNDER 100 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Clinton Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Kennedy	13b. MOTHER'S MAIDEN NAME Mary Martin	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Haynes McConnell	ADDRESS Clinton Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (orthostatic)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **July 1, 1955, to Oct 15, 1953**, that I last saw the deceased alive on **Oct 18, 1952**, and that death occurred at **10:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE Shoemaker Windsor	(Degree or title) 200	23b. ADDRESS Windsor Mo.	23c. DATE SIGNED 10-19-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10/20/53	24c. NAME OF CEMETERY OR CREMATORY Englewood	24d. LOCATION (City, town, or county) (State) Clinton Mo.
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DATE REC'D BY LOCAL REG. Oct-20-53	REGISTRAR'S SIGNATURE Florence Adams	422	25. FUNERAL DIRECTOR'S SIGNATURE Fred Wilkinson	ADDRESS Funeral Home
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(Licensed Embalmer's Statement on Reverse Side) **Clinton Mo.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48
29
4

NOV 28 1962

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

F Lee Schaberg

Licensed Embalmer No.

4513

P. O. Address

Clinton 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.