

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 29 1960

-60-006030

STATE FILE NUMBER

Registration District No. 37 Primary Registration District No. _____ Registrar's No. 28

UNDECEASED

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WINDSOR Mo.</u>	Length of stay in 1b <u>15 Mins</u>	c. CITY OR TOWN <u>LEETON Mo.</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DR. BROCK office. 116 2nd</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 2</u>

3. NAME OF DECEASED (Type or print) First <u>NEWTON</u> Middle <u>ALVIN</u> Last <u>KENDRICK</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>12</u> Year <u>1960</u>		
---	--	--	---	--	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 19, 1897</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
-----------------------	----------------------------------	---	---	-------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>JOHNSON County Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
--	--	-----------------------------------	---	--	--

13a. FATHER'S NAME <u>DAVID ALVIN KENDRICK</u>		13b. MOTHER'S MAIDEN NAME <u>MAUDE THOMPSON</u>		14. NAME OF HUSBAND OR WIFE <u>Mary J. Huston</u>	
---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Mrs Newton Kendrick, Leeton Mo. R.F.D. 2</u>		
--	--	-------------------------	--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Hour</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) <u>Hypertension</u>			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.)			
---	---	--	--	--	--

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 type="checkbox"/>	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 7/25/59 to 2/12/60 and last saw ^{her}him alive on 4:50 pm
Death occurred at 9:50 pm 2/12/60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Bernard Brack, M.D.</u>		22b. ADDRESS <u>116 So main Windsor, Mo</u>		22c. DATE SIGNED <u>2/22/60</u>	
---	--	---	--	---------------------------------	--

23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>General</u>	23b. DATE <u>Feb 14, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Cemetery Windsor Mo</u>	23d. LOCATION (City, town, or county) (State) <u>Windsor Mo</u>		
--	----------------------------------	---	--	--	--

24. FUNERAL DIRECTOR ADDRESS <u>Ellie M. Huston, Windsor Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 22 - 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		
---	--	---	---	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 8

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 Ellis M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor

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.