

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED DEC 8 1955

State File No. **36416**

BIRTH NO. 96245 55 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>	
c. LENGTH OF STAY (in this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>034 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin County Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Kennedy</u> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>11-22-1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>L</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>		8. DATE OF BIRTH <u>11-22-1955</u>	
				9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days <u>1</u>	
				11. BIRTHPLACE (City and State or Foreign Country) <u>Kennett Mo</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Herbert M Arrington</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Jo Fields</u>		14. NAME OF HUSBAND OR WIFE <u>S</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Herbert M Arrington</u>	
(If yes, give war or dates of service)				ADDRESS <u>Kennett Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u>							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>Asforbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>7620</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)	
21d. TIME OF INJURY (Month) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 11/22, 1955, to 11/22, 1955, that I last saw the deceased alive on 11/22, 1955, and that death occurred at 1:03 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George W. Mumme M.D.</u>		23b. ADDRESS <u>Kennett Mo.</u>		23c. DATE SIGNED <u>11-26-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-23-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Malden Park Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>N. of Malden Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-28-55</u>		REGISTRAR'S SIGNATURE <u>Earl H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas E. Knight</u>		ADDRESS <u>Malden Mo</u>	

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 12-2-55.....
COUNTY FILE NUMBER 1255-29

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~~ ^{Not} ~~by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Thomas C. Knight

Licensed Embalmer No.

2189

P. O. Address

Malden Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.