

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13810

State File No.

FILED APR 23 1956

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 4254 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR Knob Noster		c. CITY OR TOWN Knob Noster	
c. LENGTH OF STAY (in this place) 61 yrs.		d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			
e. STREET ADDRESS (If rural, give location) 05160			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Elizabeth	b. (Middle) S.	c. (Last) Kendrick	(Month) April	(Day) 7	(Year) 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 5, 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME William H. Moore		13b. MOTHER'S MAIDEN NAME Alcinda Harris		14. NAME OF HUSBAND OR WIFE	
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. None		17. INFORMANT'S SIGNATURE OR NAME Mr. Russell Kendrick, Knob Noster, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5 days
	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 checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE SUICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Knob Noster, Johnson, Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331x	

22. I hereby certify that I attended the deceased from **Feb 2, 1956**, to **April 7, 1956**, that I last saw the deceased alive on **April 7, 1956** and that death occurred at **4:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. W. Brown, M.D. (Degree or title)		23b. ADDRESS Knob Noster, Mo.		23c. DATE SIGNED April 10, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 10, 1956		24c. NAME OF CEMETERY OR CREMATORY Knob Noster Cemetery	
24d. LOCATION (City, town, or county) Knob Noster, Missouri		24e. LOCATION (State)			

DATE REC'D BY LOCAL REG. 4/10/56		REGISTRAR'S SIGNATURE Erma L. Beatty		25. FUNERAL DIRECTOR'S SIGNATURE W. Raymond Baker, Knob Noster, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
APR 13 1956
RECEIVED

JOHNSON COUNTY HEALTH DEPT

APR 13 1956

APR 27 1956

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 *W. Raymond Baker*

Licensed Embalmer No. *461*

P. O. Address *Thof. N...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.