

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001157

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 17

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <u>West Plains</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>West Plains</u> ⁰⁴⁶⁰		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Rt 1</u>			Length of stay in lb <u>60 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>Rt 1</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Thos. M.</u> Middle <u>Kennard</u> Last <u>Sw.</u>				4. DATE OF DEATH Month <u>1</u> Day <u>26</u> Year <u>59</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>8-18-1899</u>	9. AGE (In years) <u>59</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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 <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <u>Popling, Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Sebastian Kennard</u>			13b. MOTHER'S MAIDEN NAME <u>Cecilia Howell</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Kennard</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>			16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT <u>Mrs. L. M. Kennard, West Plains, Mo</u> Address <u></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>Cardio-Vascular Accident</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>(b)</u> <u>(c)</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4321</u>						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 <u></u> a.m. <u></u> p.m. <u></u>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>23-1-59</u> to <u>26-1-59</u> and last saw him alive on <u>25 Jan. 1959</u> Death occurred at <u>1:00 p.m.</u> on the date stated above; and to the best of my knowledge, for the causes stated.							
22a. SIGNATURE <u>[Signature]</u>			(Degree or title) <u>W.D.</u>		22b. ADDRESS <u>West Plains, Mo.</u>		22c. DATE SIGNED <u>4 Feb 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1/30-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newton Valley</u>		23d. LOCATION (City, town or county) <u>West Plains Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>Robertson West Plains Mo</u>			ADDRESS	25. DATE RECD. BY LOCAL REG. <u>27-59</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 1

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 *A. H. Roberts*

Licensed Embalmer No. *345*
P. O. Address *West Hill Ave*

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.