

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037357

FILED VS. OCT 27 1959 316

Primary Registration District No. _____ Registrar's No. 397

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis City	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in 1b 27Y;9M;8das.	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) City Sanitarium
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First MINNIE Middle STOVER Last (Kendall)			4. DATE OF DEATH Month October Day 10 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 24, 1868	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months 0 Days 16 Hours Min.
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 country) Ohio	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mark Kendall	
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. Unknown		17. INFORMANT Address _____	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)	Intestinal obstruction - - - - -	INTERVAL BETWEEN ONSET AND DEATH abt. 3 das.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	Carcinoma of right ovary - - - - -
	DUE TO (c)	Unknown.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Dementia Praecox Psychosis - - - abt. 45 years.

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No 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 **Oct. 3, 1959** to **Oct. 10, 1959** and last saw her ^{her} alive on **Oct. 10, 1959**
Death occurred at **3:50 A. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. C. Brennan, M.D.</i> (Degree or title)	22b. ADDRESS State Hospital No. 4 Farmington, Missouri	22c. DATE SIGNED 10-15-59
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23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial	23b. DATE Oct. 12, 1959	23c. NAME OF CEMETERY OR CREMATORY Nettle Creek Cemetery	23d. LOCATION (City, town, or county) (State) Champaign Co., Ohio
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24. FUNERAL DIRECTOR Neil Funeral Home, Urbana, Ohio	25. DATE RECD. BY LOCAL REG. Oct. 15, 1959	26. REGISTRAR'S SIGNATURE <i>Eather Redloff</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Paul K. Duggal

Licensed Embalmer No. 4120

P.O. Address Farmington

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.