

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5411

State File No. ....

BIRTH NO. FILED MAR 4 1954 REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5710 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Elkhorn</u>		c. LENGTH OF STAY (in this place) <u>12 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Elkhorn</u>		d. STREET ADDRESS (If rural, give location) <u>Rocky Comfort</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			d. STREET ADDRESS (If rural, give location) <u>Rocky Comfort</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Layayette</u> c. (Last) <u>Kenney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-24-1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec-17-1867</u>	9. AGE (In years last birthday) <u>86</u>	10. MONTHS <u>2</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	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.G.</u>	
13a. FATHER'S NAME <u>Alston Kenney</u>		13b. MOTHER'S MAIDEN NAME <u>Arlene Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Kenney</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Claude Kenney-Rocky Comfort, Mo</u> ADDRESS		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>  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 type="checkbox"/>
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)		22. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>2-16-</u> , 19 <u>54</u> , to <u>2-24-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2-24-</u> , 19 <u>54</u> , and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Stella</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Stella, Missouri</u>		23c. DATE SIGNED <u>2-27-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-28-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>		24d. LOCATION (City, town, or county) (State) <u>McDonald Co. Missouri</u>
DATE REC'D BY LOCAL REG. <u>March 1, 1954</u>		REGISTRAR'S SIGNATURE <u>O. E. Plumlee 1783</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McQueen Funeral Home</u> ADDRESS <u>Wheaton Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 15 1957  
S. T. HOW

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Paul D. Hembest*

Signed.....

Student Embalmer

Licensed Embalmer No. *4576*

P. O. Address *Cassville Mo.*

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

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