

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registrator's District No. 273 Primary Registration District No. 3051 Registrar's No. 110027920 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 11 1964

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Perryville</b>		Length of stay in 1b <b>1 Month</b>	c. CITY OR TOWN <b>Perryville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Perry Co. Mem. Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rte. 4</b>
3. NAME OF DECEASED (Type or print) First <b>Polly</b> Middle <b>Ann</b> Last <b>Kennon</b>		4. DATE OF DEATH Month <b>Aug.</b> Day <b>3</b> Year <b>1964</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-4-88</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>76</b>
11. BIRTHPLACE (City and state or country) <b>Perry County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Hand</b>		13b. MOTHER'S MAIDEN NAME <b>Lucinda Adams</b>	14. NAME OF HUSBAND OR WIFE <b>Scott Kennon</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. A.C. Boland, St. Marys Star Rt</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>30 Days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral Vascular arteriosclerosis</b>			<b>2 yrs</b>
DUE TO (c) <b>Generalized arteriosclerosis</b>			<b>5 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 <b>Perryville, Mo.</b>
21. I attended the deceased from <b>July 1st, 1964</b> to <b>Aug. 3, 1964</b> and last saw her <b>alive</b> on <b>8/3/64</b>		Death occurred at <b>2 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>A. E. McDermott, MD</b>		22b. ADDRESS <b>Perryville, Mo.</b>	22c. DATE SIGNED <b>8/4/64</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-6-64</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cedar Fork Cem.</b>	23d. LOCATION (City, town, or county) <b>Perry County, Mo.</b>
24. FUNERAL DIRECTOR <b>Young &amp; Sons Perryville Mo</b>		25. DATE RECD. BY LOCAL REG. <b>8-6-64</b>	26. REGISTRAR'S SIGNATURE <b>Joe J. Zoellner</b>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Wallace Young

Licensed Embalmer No. 4029

P. O. Address Perryville, W. Va.

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.