RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 2 2 1960

-60-043254
STATE FILE NUMBER

NDED

Registration District No. 316 Primary Registration District No. — Registrar's No. 446

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Esther, Mo
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo.
b. COUNTY St. Francois
c. CITY OR TOWN Esther, Mo
Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Mary Middle Elizabeth Last Kennon

4. DATE OF DEATH Month Day Year Nov 14, 1960

5. SEX Female

6. COLOR OR RACE White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH Nov 18, 1872

9. AGE (last birthday) 87
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (City and state or country) Perry County, Mo

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George Kennon

13b. MOTHER'S MAIDEN NAME Lucinda Hand

14. NAME OF HUSBAND OR WIFE Hughes Owens Kennon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs Troy Mills Address Esther, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) arteriosclerotic heart disease
INTERVAL BETWEEN ONSET AND DEATH known 3 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 1957, to Nov 14, 1960 and last saw her alive on Nov 10, 1960
Death occurred at 4 30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Foster (Degree or title) MD

22b. ADDRESS Desloge Mo

22c. DATE SIGNED Nov 16, 1960

BY AFFIDAVIT OF DOCUMENT

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11-17-1960

23c. NAME OF CEMETERY OR CREMATORY Cross Roads Cemetery

23d. LOCATION (City, town, or county) Cross-Roads (State) mo

24. FUNERAL DIRECTOR R. Caldwell & Sons ADDRESS Flat River, Mo

25. DATE RECD. BY LOCAL REG. Nov. 16, 1960

26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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______________________________ Signed Donald Dale Caldwell.

Signature of Student Embalmer

Licensed Embalmer No. 5095

P. O. Address Flat River, M

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