

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **28800**
Registrar's No. **56**

No. 300 FILED AUG 26 1952
10.48

BIRTH NO. **43388** REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **5796**

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY Moniteau Co			a. STATE Missouri		b. COUNTY Moniteau
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Walker		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 16.30		
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt # 1/ Clarksburg, Mo			d. STREET ADDRESS (If rural, give location) Rt # 1. Clarksburg, Mo		
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Beverly			b. (Middle) Lyn		
c. (Last) Kendrick			8 / 19 / 52		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 11, 1952		9. AGE (In years) (Months) (Days) (Hours) (Mins.) 1 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME **Paul Kendrick** **13b. MOTHER'S MAIDEN NAME** **Evelyn Bowers** **14. NAME OF HUSBAND OR WIFE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** **16. SOCIAL SECURITY NO.** **No** **17. INFORMANT'S SIGNATURE OR NAME** **Paul Kendrick** **ADDRESS** **Clarksburg, Mo**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Patent interventricular septum - congenital		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		1 month
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 NO **7542**

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)
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 **July 11, 1952**, to **Aug 19, 1952**, that I last saw the deceased alive on **Aug 18, 1952**, and that death occurred at **9:45 A.M.** on **Aug 19, 1952**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Benson Latham M.D.** **23b. ADDRESS** **California, MO** **23c. DATE SIGNED** **8-19-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **8/20/52** **24c. NAME OF CEMETERY OR CREMATORY** **Masonic Cemetery** **24d. LOCATION** (City, town, or county) (State) **Clarksburg, Mo**

DATE REC'D BY LOCAL REG. **8/20/52** **REGISTRAR'S SIGNATURE** **LR Ropyoy LR** **202-9** **25. FUNERAL DIRECTOR'S SIGNATURE** **Earl Brown** **ADDRESS** **California**

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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

Not Embalmed