

FILED MAR 25 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH (PHYSICIAN OR CORONER)

STATE FILE NUMBER 124 68 0012866

CERTIFICATE OF DEATH

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 757

DO NOT WRITE ON THIS STUB
9. 0
10a. 75
10b.
11. 0
12. 1
13. 1519
14.
15. 9
16.
17.
18. 0
19. CREDITS
20. 3-0

VS 300 Rev. 1/68
4.0621
5. 1

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.
6.0940

PARENTS

CAUSE

CERTIFIER

DECEASED - NAME FIRST MIDDLE LAST: JAMES MONROE KENNON
SEX: MALE
DATE OF DEATH: MARCH-15-1968
RACE: WHITE
AGE: 75
DATE OF BIRTH: DECEMBER-24-1892
COUNTY OF DEATH: MADISON-CO-MO.
CITY, TOWN, OR LOCATION: FREDERICKTOWN-MO.
HOSPITAL OR OTHER INSTITUTION: MADISON MEMORIAL HOSPITAL.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: MARRIED
SURVIVING SPOUSE: LENA KENNON
SOCIAL SECURITY NUMBER: UNKNOWN
USUAL OCCUPATION: GROCER
KIND OF BUSINESS OR INDUSTRY: GROCERY STORE OPERATOR
RESIDENCE - STATE: MO. COUNTY: ST. FRANCOIS CITY, TOWN, OR LOCATION: ESTHER
INSIDE CITY LIMITS: YES STREET AND NUMBER: 601 3rd ST.

PART I. DEATH WAS CAUSED BY:
18. IMMEDIATE CAUSE: (a) Metastatic Cancer of Stomach
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (GIVE STATING THE UNDERLYING CAUSE LAST)

PART II. OTHER SIGNIFICANT CONDITIONS:
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED:
DATE OF INJURY:
HOW INJURY OCCURRED:
INJURY AT WORK:
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.:
LOCATION:
AUTOPSY:
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

CERTIFICATION - PHYSICIAN:
I ATTENDED THE DECEASED FROM: June 1967 to Mar 15, 1968
AND LAST SAW HIM/HER ALIVE ON: Mar 15, 1968
I DID/DID NOT VIEW THE BODY AFTER DEATH: NO
DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED:
CERTIFICATION - MEDICAL EXAMINER OR CORONER:
EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
CERTIFIER - NAME (TYPE OR PRINT):
SIGNATURE: R.A. Huckstep MD
DEGREE OR TITLE:
DATE SIGNED: 3/21/68
MAILING ADDRESS - CERTIFIER:
STREET OR R.F.D. NO.:
CITY OR TOWN:
STATE:
ZIP:

BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
CEMETERY OR CREMATORY - NAME: PARK VIEW CEMETERY
LOCATION: NEAR FARMINGTON - MO.
DATE: MARCH-18-1968
FUNERAL HOME - NAME AND ADDRESS: CALDWELL & SONS - 7-11 E. MAIN ST. FLAT RIVER MO. 63601
FUNERAL DIRECTOR - SIGNATURE: David P. Caldwell
REGISTRAR - SIGNATURE: U.E. Seltersick Reg. Period
DATE RECEIVED BY LOCAL REGISTRAR: 3-22-68

Type or print in PERMANENT BLACK INK. See handbook for instructions.

APR 3 1968

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 David P. Caldwell

Licensed Embalmer No. 5184

P. O. Address Flat River, Mo.

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.