

FILED NOV 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. **33084**

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

BIRTH NO. _____ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **4467** Registrar's No. **57**

1. PLACE OF DEATH
 a. COUNTY **DeKalb**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Amity**
 c. LENGTH OF STAY (If applicable) **Life**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Home, South part of town**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Mo**
 b. COUNTY **DeKalb**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Amity**
 d. STREET ADDRESS (If rural, give location) **In Town**

3. NAME OF DECEASED
 a. (First) **Zenif** b. (Middle) **Fredrick** c. (Last) **Kerns**
 4. DATE OF DEATH (Month) **10** (Day) **24** (Year) **51**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married**
8. DATE OF BIRTH **July, 7, 1873** **9. AGE** (In years) **78** (Months) **3** (Days) **17**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** **10b. KIND OF BUSINESS OR INDUSTRY** **Farm**
11. BIRTHPLACE (State or foreign country) **Mo** **12. CITIZEN OF WHAT COUNTRY?** **U.S.**

13a. FATHER'S NAME **George Kerns** **13b. MOTHER'S MAIDEN NAME** **Flora Colvin** **14. NAME OF HUSBAND OR WIFE** **Mildred Kerns**

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

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.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of tongue (Primary)**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **metastases to cervical**
DUE TO (c) **Mediastinal glands**
2. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **P**
20. AUTOPSY?
 YES NO

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** **141X** **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office, etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK
22. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from **May**, 1951, to **Oct 24**, 1951, that I last saw the deceased alive on **Oct 24**, 1951, and that death occurred at **11 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **23b. ADDRESS** **23c. DATE SIGNED**
Gerald Fowler, M.D. **Massville, Mo** **10-25-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **10-26-51** **24c. NAME OF CEMETERY OR CREMATORY** **Clarksdale** **24d. LOCATION (City, town, or county) (State)** **Clarksdale Mo.**

DATE REC'D BY LOCAL REG. **11-2-51** **REGISTRAR'S SIGNATURE** **25. FUNERAL DIRECTOR'S SIGNATURE** **ADDRESS**
Rowen Davidson **Sam Brown** **Massville Mo**

JUN 25 1958



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 *[Handwritten Signature]*

Signed.....
Student Embalmer

Licensed Embalmer No. **3933**

P. O. Address **Maysville 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 this body is not embalmed, fact should be so stated above.