FILED JUN 6 1956

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15931

BIRTH NO. ______ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5373 Registrar's No. 33

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1. PLACE OF DEATH
a. COUNTY DeKalb
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~McKalb~~ Rural Camden
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Maple Lawn Rest home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY DeKalb
c. CITY OR TOWN Clarksdale
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location)

0320
0

3. NAME OF DECEASED (Type or Print) a. (First) Green b. (Middle) S c. (Last) Kerns

4. DATE OF DEATH (Month) 5 (Day) 20 (Year) 56

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0
8. DATE OF BIRTH 9-25-1865
9. AGE (In years last birthday) 91 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

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 (City and State or Foreign Country) Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Kerns
13b. MOTHER'S MAIDEN NAME Nacissa Vaughn
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XXXXXXXXXXXXXXXXXXXXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Leah Thornton ADDRESS Stewartsville Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver (Primary)

INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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

155X

20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 10, 1956 *to* May 20, 1956 *that I last saw the deceased alive on* 5/20, 1956 *and that death occurred at* 9:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dr Harold Fowler D.O.
23b. ADDRESS Maysville Mo
23c. DATE SIGNED 5/21/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-23-56
24c. NAME OF CEMETERY OR CREMATORY Thornton
24d. LOCATION (City, town, or county) (State) Clarksdale Mo

DATE REC'D BY LOCAL REG. 6-30-56
REGISTRAR'S SIGNATURE Roscoe Davidson
25. FUNERAL DIRECTOR'S SIGNATURE John Brown ADDRESS Maysville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ...., Student Embalmer No...........

working under my personal supervision..

Student ....
Signature of Student Embalmer

Signed John Brown ....

Licensed Embalmer No. 3933

P. O. Address Maysville

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