

FILED NOV 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38259

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 261 PRIMARY REG. DIST. NO. 0048 Registrar's No. 245

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u>	
c. LENGTH OF STAY (in this place) <u>6 weeks</u>		<u>0320</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>413 North Willow</u>	

3. NAME OF DECEASED (Type or Print) <u>Miss Hilda Amelia Kern</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2 1951</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>JUNE 26 1898</u>	9. AGE (In years last birthday) <u>53</u>	10. MONTHS <u>0</u>	11. DAYS <u>0</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>S. W. Bell Tel Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Gentry Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. / A</u>
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13a. FATHER'S NAME <u>Charley Kern</u>	13b. MOTHER'S MAIDEN NAME <u>Mary S. Teson</u>	14. NAME OF HUSBAND OR WIFE <u>SINGLE PERSON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>491-09-8005</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Charley Kern</u>	ADDRESS <u>Stanberry, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 wks.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>VIRUS PNEUMONIA</u>		
	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 <u>HEPATIC CIRRHOSIS</u>		2 Mos.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from SEPT. 10, 1951, to Nov. 2, 1951, that I last saw the deceased alive on Nov. 2, 1951, and that death occurred at 11:35 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul J. Kodale</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Conception Jr., Mo</u>	23c. DATE SIGNED <u>11/2/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/5/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Stanberry, Gentry Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-10-51</u>	REGISTRAR'S SIGNATURE <u>Bess / 1001 - 229</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Laboy & Phillips</u>	ADDRESS <u>Stanberry, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1742



APR 17 1952

Dr. Paul J. Kadull

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 _____

Leroy H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonewall, 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.