

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37510**

DEC 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>424</u>	
1. PLACE OF DEATH a. COUNTY Adair county				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby			
b. CITY (If outside corporate limits, write RURAL and give township) Kirksville		c. LENGTH OF STAY (in this place) 5 Days		c. CITY (If outside corporate limits, write RURAL and give township) Shelbina Rural		1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kirksville Osteopathic Hospt.				d. STREET ADDRESS (If rural, give location) 3 miles North			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) EDWARD		c. (Last) KERNAL		4. DATE OF DEATH (Month) (Day) (Year) 12-6-1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-2-1897	
9. AGE (In years last birthday) 55		10. MONTHS 2		11. BIRTHPLACE (City and State or Foreign Country) Prairie City, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (City and State or Foreign Country) Prairie City, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward Kernal		13b. MOTHER'S MAIDEN NAME Nora Dodge		14. NAME OF HUSBAND OR WIFE Elva Kernal			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elva Kernal, Shelbina, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion (acute) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) em bolus DUE TO (c) Surgery II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. choleraealitis				INTERVAL BETWEEN ONSET AND DEATH 2 m 3 m	
19a. DATE OF OPERATION 12/6/52		19b. MAJOR FINDINGS OF OPERATION obstruction common bile duct with liver abscess				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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? 585X			
22. I hereby certify that I attended the deceased from December 6, 1952 , to December 6, 1952 , that I last saw the deceased alive on December 6, 1952 , and that death occurred at 5:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edward Myle Estalus, D.O.				23b. ADDRESS K.O.H. Kirksville, Mo.		23c. DATE SIGNED 12/7/52	
24a. BURIAL OR CREMATION REMOVAL (Specify) Burial		24b. DATE 12-9-1952		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		24d. LOCATION (City, town, or county) (State) Shelbina, Mo.	
DATE REC'D BY LOCAL REG. 12-10-52		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkelaw-Hawkins, Shelbina, Mo.			

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.....

W. H. ...

Licensed Embalmer No. *3498*

P. O. Address *St Albans Me*

St Albans Me

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.