S. No. 300
v. 10.48

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

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 608

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5217 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Archie, Rural
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at his Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Butler, MO.
d. STREET ADDRESS (If rural, give location): 0

3190

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) Calvin c. (Last) Kerns

4. DATE OF DEATH (Month) (Day) (Year): January 25-1953

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: January 2-1881
9. AGE (Last birthday): 72 Years; 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): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Rich Hill Bates County Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Not Known
13b. MOTHER'S MAIDEN NAME: McRecord
14. NAME OF HUSBAND OR WIFE: Elma May Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Charles Kerns
ADDRESS: Harrisonville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

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. 331 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 a.m., from the causes and on the date stated above.*

23a. SIGNATURE: F. V. Murray M. D. Coroner (Degree or title)
23b. ADDRESS: Pleasant Hill, Mo.
23c. DATE SIGNED: Jan 25 '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 29-1953
24c. NAME OF CEMETERY OR CREMATORY: Austin Cemetery
24d. LOCATION (City, town, or county) (State): Austin Cass Co. MO

DATE REC'D BY LOCAL REG.: Jan 28, 1953
REGISTRAR'S SIGNATURE: Dora Barnard 4571
25. FUNERAL DIRECTOR'S SIGNATURE: Atkinson Brothers
ADDRESS: Archie, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1953

RECEIVED
JAN 31
CASS COUNTY
HEALTH DEPARTMENT

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3920

P. O. Address Harrisonville 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.