

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 16 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **46** PRIMARY REG. DIST. NO. **5134** Registrar's No. **3**

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

1. PLACE OF DEATH a. COUNTY <b>Caldwell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mirabile</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mirabile</b> <b>0130</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Martha</b>	b. (Middle) <b>Katharine</b>	c. (Last) <b>Kearns</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>Feb. 26 53</b>

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Aug. 12 1882</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>14</b>	IF UNDER 12 HRS. Hours <b>14</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Barry, Pike Co. Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			

13a. FATHER'S NAME <b>Joshua M. Winner</b>	13b. MOTHER'S MAIDEN NAME <b>Lois B. Fredmore</b>	14. NAME OF HUSBAND OR WIFE <b>James L. Kearns</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Murl Kearns, Polo, Missouri.</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b>		<b>10 days</b>
	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. <b>Cancer of Lung</b>		<b>18 mo.</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>490XH</b>
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22. I hereby certify that I attended the deceased from **Jan 1st, 1952**, to **Feb. 26, 1953**, that I last saw the deceased alive on **Feb. 24, 1953**, and that death occurred at **10:30 A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>O. Kilbourn M.D.</b>	(Degree or title)	23b. ADDRESS <b>Cougill, Mo.</b>	23c. DATE SIGNED <b>2-27-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-28-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mirabile Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mirabile Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-7-53</b>	REGISTRAR'S SIGNATURE <b>Mrs. Gladys Jones</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cramer Clark, Kingston, Mo</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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 Bramer Clark

Licensed Embalmer No. 32517

P. O. Address Kingston 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.