

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42046

State File No.

FILED DEC 22 1953

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>3605</u>		Registrar's No. <u>120</u>		
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. LENGTH OF STAY (in this place) <u>1WK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Royal Elkhart Twp</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>007/0</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Willie</u>	b. (Middle) <u>Franklin</u>	c. (Last) <u>Kershner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 18, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 1, 1876</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Marion G. Kershner</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Barton</u>			14. NAME OF HUSBAND OR WIFE <u>Maggie Kershner</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>7702e</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Maggie Kershner</u> ADDRESS <u>Alloiet, 770.</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Insufficiency</u> DUE TO (c) <u>Chronic Asthma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>241X</u>					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?				
22. I hereby certify that I attended the deceased from <u>June 4, 1953</u> , to <u>Dec 18, 1953</u> , that I last saw the deceased alive on <u>Dec 18, 1953</u> , and that death occurred at <u>3:45 pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Walter W. Luter, MD</u>				23b. ADDRESS <u>Butler, Mo</u>		23c. DATE SIGNED <u>12/18/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Scott Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bates Co. Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12-20-53</u>		REGISTRAR'S SIGNATURE <u>Nendall Keung</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Archer & Mangold</u> ADDRESS <u>Amsterdam, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed..... *Adrian M. O.*

Signed.....
Student Embalmer

Licensed Embalmer No. *3650*

P. O. Address *Adrian M. O.*

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.