

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED FEB 11 1954 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 25

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY OR TOWN Carthage	c. LENGTH OF STAY (in this place) 5 weeks	c. CITY OR TOWN Mt. Vernon	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Fair Acres Infirmary		e. STREET ADDRESS (If rural, give location) ----- 6550 / 1	
3. NAME OF DECEASED (Type or Print) GEORGE	a. (First)	b. (Middle) F.	c. (Last) KEARNS
4. DATE OF DEATH Feb 6, 1954	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 12, 1871	9. AGE (In years last birthday) 72
5. SEX male	6. COLOR OR RACE white	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	10b. KIND OF BUSINESS OR INDUSTRY farm
11. BIRTHPLACE (City and State or Foreign Country) Fremont, Iowa	12. CITIZEN OF WHAT COUNTRY USA	13a. FATHER'S NAME Lemuel Kearns	13b. MOTHER'S MAIDEN NAME Telitha McEwen
14. NAME OF HUSBAND OR WIFE Tina Kearns	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold Kearns, 826 S. Weaver, Springfield, 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) Myocardial Ischemia  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary insufficiency DUE TO (c) Arteriosclerosis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart Block (Due to arteriosclerosis)		INTERVAL BETWEEN ONSET AND DEATH 2-3 days 5-6 yrs 20-25 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	7201
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 1-18, 1957, to 2-6, 1957, that I last saw the deceased alive on 1-28, 1957, and that death occurred at 6:00a m., from the causes and on the date stated above.	23a. SIGNATURE Grover S. Patterson (Degree or title) M.D.
23b. ADDRESS Carthage, Missouri	23c. DATE SIGNED 2-6-54	24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb 7, 1954
24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery	24d. LOCATION (City, town, or county) (State) Aurora, Missouri	25. FUNERAL DIRECTOR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side) Marsh Funeral Home, Aurora, Mo.	ADDRESS

RECEIVED FEB 10 1954

Jasper County Health Office

County File Number 54-2-115

Date Filed FEB 10 1954

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.....  
Signature of Student Embalmer

Signed..... *Oscar L. Marsh*.....

Licensed Embalmer No. 3812..

P. O. Address... Aurora, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.