

FILED JUN 7 1954

STANDARD CERTIFICATE OF DEATH

State File No. 15256

BIRTH NO. REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5286 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyaconda		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyaconda, Mo.	
c. LENGTH OF STAY (in this place) 50 years		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Frederick b. (Middle) Henry c. (Last) Kerner			4. DATE OF DEATH (Month) (Day) (Year) May 31 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 4 1874	9. AGE (In years last birthday) 81	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) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Clark County, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Joseph Kerner		13b. MOTHER'S MAIDEN NAME Minnie Bogenener		14. NAME OF HUSBAND OR WIFE Bertha Kerner	
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 William Kerner Wyaconda, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		DUPLICATE OF (a) arteriosclerosis					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Sinus					
		DUE TO (c) General senility				4221	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) None	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None	

22. I hereby certify that I attended the deceased from April 12, 1954, to May 29, 1954; that I last saw the deceased alive on May 29, 1954, and that death occurred at 9 am m., from ~~the~~ causes and on the date stated above.

23a. SIGNATURE Wm. T. Baskett (Degree or title)		23b. ADDRESS Wyaconda Mo		23c. DATE SIGNED 6-2-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 1, 1954		24c. NAME OF CEMETERY OR CREMATORY WYACONDA CEMETERY	
24d. LOCATION (City, town, or county) (State) WYACONDA, MO.					

DATE REC'D BY LOCAL REG. 6-2-54		REGISTRAR'S SIGNATURE W. T. Baskett		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gerth Baskett Wyaconda Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

230

mo

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 _____

Geo. V. Baskett

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Geo. V. Baskett

Licensed Embalmer No. _____

1817

P. O. Address _____

Wynconda

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.