

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32907

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3990</u>	Registrar's No. <u>376</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>UK</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>Transient</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) _____ c. (Last) <u>VERNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 8-1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UK</u>	8. DATE OF BIRTH <u>UK</u>	9. AGE (In years last birthday) <u>70?</u> If under 1 year: Months _____ Days _____ If under 6 mos.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Transient</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>UK</u>	12. CITIZEN OF WHAT COUNTRY? <u>9</u>
13a. FATHER'S NAME <u>UK</u>		13b. MOTHER'S MAIDEN NAME <u>UK</u>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records - Kirksville Mo.</u> ADDRESS _____	
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) <u>Medullary Anemia & Sepsis</u> ANTECEDENT CAUSES DUE TO (b) <u>Pulmonary edema</u> DUE TO (c) <u>Bronchiogenic Carcinoma</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 _____		20. AUTOPSY? YES <input checked="" 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)	
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>8-24</u> , 19 <u>54</u> , to <u>10-8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-8</u> , 19 <u>54</u> , and that death occurred at <u>12:50</u> p.m., from the causes and on the date stated above.				
23a. SIGNATURE <u>David W. Brown</u> (Degree or title)		23b. ADDRESS <u>102 Kirksville, Mo.</u>	23c. DATE SIGNED <u>10-12-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u>	24d. LOCATION (City, town, or county) (State) <u>Kirksville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-19-54</u>	REGISTRAR'S SIGNATURE <u>Hato Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u> ADDRESS <u>Hubville 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.

Student
Student Embalmer

Signed _____

Robert B. Davis

Licensed Embalmer No. _____

4319

P. O. Address _____

Kirkville, 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.