

No. 300
10. 48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11528

State File No.

0360
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5489 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Gentry Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Buchanan Co.</u> c. R.R. <u>R.R. 4</u>	
b. CITY (If outside corporate limits, write RURAL, and give TOWN) <u>Rural. Jackson Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph R.R. 4.</u> <u>e. 110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harry Kerns. Farm Home</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Katie Belle</u> b. (Middle) <u>Deshon</u> c. (Last) <u>Deshon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4.4.1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9.22.1866</u>
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>6.</u> Days <u>13</u>	IF UNDER 2 HRS. Hours <u>/</u> Min. <u>/</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Buchanan Co. Mo.</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lemuel Peter</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Reed</u>		14. NAME OF HUSBAND OR WIFE <u>Allen De Shon.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Alberta Kerna.</u> ADDRESS <u>King City Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Permanens anemia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2900</u>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>Feb 4, 1955</u> , to <u>4.4.1955</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-31</u> , 19 <u>55</u> , and that death occurred at <u>11:30 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>King City Mo.</u>	23c. DATE SIGNED <u>4.6.55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4.7.1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ebenezer</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>
DATE REC'D BY LOCAL REG. <u>April 11-55</u>	REGISTRAR'S SIGNATURE <u>Maudie Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>King City Mo.</u>

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 R. A. Taggart.....

Licensed Embalmer No. 2563.....

P. O. Address King City 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.