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FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32556

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5286 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Luray Wyaconda
c. LENGTH OF STAY (in this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Clark
c. CITY OR TOWN Luray
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location)

0230

3. NAME OF DECEASED (Type or Print) a. (First) Jasper b. (Middle) Joseph c. (Last) Kerner

4. DATE OF DEATH (Month) (Day) (Year) Oct. 19-1955

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 11-1876
9. AGE (In years last birthday) 79 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.a.

13a. FATHER'S NAME Joseph Kerner
13b. MOTHER'S MAIDEN NAME Minnie Bogener
14. NAME OF HUSBAND OR WIFE Sophia Kerner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Sophia Kerner ADDRESS Luray

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the liver — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) metastatic cancer of bowel — months

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
153X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1955, *to* Sept 10, 1955, *that I last saw the deceased alive on* Sept 10, 1955, *and that death occurred at* 5 am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Perry S. Barton Do, (Coroner)
23b. ADDRESS Kahoka, Mo.
23c. DATE SIGNED 10-20-55

24a. BURIAL, CREMATION, REMOVAL (Specify) ~~Removal~~
24b. DATE Oct. 21-1955
24c. NAME OF CEMETERY OR CREMATORY Combs Cem.
24d. LOCATION (City, town, or county) Luray (State) Mo.

DATE REC'D BY LOCAL REG. 10/20-55
REGISTRAR'S SIGNATURE [signature] 61-0
25. FUNERAL DIRECTOR'S SIGNATURE Otis L. Sutting ADDRESS Kahoka Mo

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Otis L. Tutting

Licensed Embalmer No. 29

P. O. Address Kearny

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.