

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33786

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>170</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>Fresno</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY OR TOWN <u>Fresno</u>		d. Is 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 <u>McCune-Brooks Hospital</u>				STREET ADDRESS (If rural, give location) <u>1607 Englewood St</u> <u>8043</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADEN</u>		b. (Middle) <u>GRANT</u>		c. (Last) <u>KERNEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 25, 1955</u>	
5. SEX: <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 5, 1879</u>	
9. AGE (In years last birthday) <u>76</u>		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) <u>barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>barbering</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Nathan Kerney</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Showalter</u>		14. NAME OF HUSBAND OR WIFE <u>Antonette Miller Kerney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>558-22-4247</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. A.G. Kerney, 1607 Englewood St, Fresno, Calif.</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>Pneumonia, virustype</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>492x</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Circulatory failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>3 days</u>	
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) (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>Oct 22, 1955</u> , to <u>Oct 25, 1955</u> , that I last saw the deceased alive on <u>Oct 25, 1955</u> , and that death occurred at <u>4:25a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Russel Smith MD</u>				23b. ADDRESS <u>Carthage Mo</u>		23c. DATE SIGNED <u>10-25-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>10-26-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belmont Memorial Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Fresno, California</u>	
DATE REC'D BY LOCAL REG. <u>10-26-55</u>		REGISTRAR'S SIGNATURE <u>W. Clutter</u> <u>139</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 4 1955
Jasper County Health Office

County File Number 55-11-744
Date Filed NOV 4 1955

NOV 28 1955

DEC 14 1955

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..... *Robert H. Kinell*

Licensed Embalmer No. 445

P. O. Address... *Carthage*

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.