

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41297**

FILED JAN 3 - 1956

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3090** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Livingston			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (in this place) 5 hrs	c. CITY OR TOWN Jackson Twp		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital			e. STREET ADDRESS (If rural, give location) 2 1/2 Mi S. Springhill, Mo.		
3. NAME OF DECEASED (Type or Print) a. (First) IRA b. (Middle) FRANKLIN c. (Last) KERNS			4. DATE OF DEATH (Month) (Day) (Year) Dec 18 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 3, 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) DeKalb County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob Kerns		13b. MOTHER'S MAIDEN NAME Susan Conover		14. NAME OF HUSBAND OR WIFE Eva Whorton	
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 Mrs. Eva Kerns RR#3 Chillicothe, Mo		

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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal failure			Arteriole Nephrosclerosis + Generalized arteriosclerosis			72 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) 442X			Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			Congestive heart failure and auricular fibrillation			Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **July, 1955**, to **Dec 18, 1955**, that I last saw the deceased alive on **Dec 18, 1955**, and that death occurred at **2:44 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE William L. Fair, M.D. (Degree or title)		23b. ADDRESS Chillicothe, MO		23c. DATE SIGNED 12/20/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-19-55	24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery	24d. LOCATION (City, town, or county) (State) Livingston Co. Missouri		
DATE REC'D BY LOCAL REG. 12/20/55	REGISTRAR'S SIGNATURE Francis B. Neill	25. FUNERAL DIRECTOR'S SIGNATURE NORMAN FUNERAL HOME: Chillicothe, Mo.	ADDRESS		

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.....
Signature of Student Embalmer

Signed.....

Joseph M. Gibson

Licensed Embalmer No. 4769.

P. O. Address Chillicothe

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.