

No. 300  
10-48

FILED JUN 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15931**  
**33**  
Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **5373**

1. PLACE OF DEATH a. COUNTY <b>DeKalb</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>DeKalb</b>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <b>Wetzel Rural Camden</b>		c. CITY OR TOWN <b>Clarksdale</b>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Maple Lawn Rest home</b>		e. STREET ADDRESS (If rural, give location) <b>0320</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Green</b>	b. (Middle) <b>S</b>	c. (Last) <b>Kerns</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>5 20 56</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>9-25-1865</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
--------------------	-------------------------------	---	-----------------------------------	---	------------------------	----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	---	---	--

13a. FATHER'S NAME <b>William Kerns</b>	13b. MOTHER'S MAIDEN NAME <b>Nacissa Vaughn</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>XXXXXXXXXXXXXXXXXXXX</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Leah Thornton</b>	ADDRESS <b>Stewartsville Mo</b>
---	---	--	---------------------------------

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) <b>Carcinoma of liver (Primary)</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) (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 **Feb 10, 1956** to **May 22, 1956** that I last saw the deceased alive on **5/20, 1956** and that death occurred at **9:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. Harold Fowler M.D.</b>	23b. ADDRESS <b>Maysville Mo</b>	23c. DATE SIGNED <b>5/21/56</b>
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-23-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Thornton</b>	24d. LOCATION (City, town, or county) (State) <b>Clarksdale Mo</b>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <b>6-30-56</b>	REGISTRAR'S SIGNATURE <b>Roscoe Davidson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John Brown</b>	ADDRESS <b>Maysville Mo.</b>
---	--	--	------------------------------

(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.....  
Signature of Student Embalmer

Signed *John Brown*.....  
Licensed Embalmer No. 3933

P. O. Address Maysville.

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.