

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26494

State File No.

No. 300
10. 48

FILED AUG 30 1956

BIRTH NO. _____		REG. DIST. NO. <u>110</u>		PRIMARY REG. DIST. NO. <u>4182</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Franklin		b. CITY (If outside corporate limits, write RURAL and give township) New Haven		a. STATE Missouri		b. COUNTY Franklin	
c. LENGTH OF STAY (in this place) 25		c. CITY OR TOWN New Haven		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		e. STREET ADDRESS (If rural, give location) 0360	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) CLARENCE	b. (Middle) KERCHEVAL	c. (Last) KERCHEVAL	a. (Month) August	b. (Day) 23	c. (Year) 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 10, 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 9 Days 13	IF UNDER 1 HR. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dry Cleaner		10b. KIND OF BUSINESS OR INDUSTRY Cleaning		11. BIRTHPLACE (City and State or Foreign Country) Moscow Mills Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME William Kercheval		13b. MOTHER'S MAIDEN NAME Laura Lee Wilkinson		14. NAME OF HUSBAND OR WIFE Mary F. Kercheval			
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. 		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary F. Kercheval New Haven Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH.	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion					15 min.	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease					10 yrs.	
	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)		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>7/11</u> , 19 <u>56</u> , to <u>8/23</u> , 1956, that I last saw the deceased alive on <u>8/23</u> , 19 <u>56</u> , and that death occurred at <u>3:10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE B. P. Gissmann		(Degree or title) M.D.		23b. ADDRESS New Haven, Mo.		23c. DATE SIGNED 8/25/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 26, 1956	24c. NAME OF CEMETERY OR CREMATORY New Haven Cemetery		24d. LOCATION (City, town, or county) (State) New Haven Mo.		
DATE REC'D BY LOCAL REG. 8/26/1956		REGISTRAR'S SIGNATURE Nettie Murphy		25. FUNERAL DIRECTOR'S SIGNATURE Lois Porter		ADDRESS 1211 Greenbriar	

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

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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.....
Earl Fertig

Licensed Embalmer No. *3385*

P. O. Address *Georlevan*

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.