THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37176 STATE FILE NUMBER

XC-121 60 40 FILED NOV 23 1956

REG. NO. 12925 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 551

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY BUTLER	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN POPLAR BLUFF — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL — Length of stay in 1b 55 years	d. STREET ADDRESS 117 SOUTH "B" STREET (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
CLARENCE	LEMUEL	KERNEK	NOVEMBER	11,	1956

5. SEX	6. COLOR OR RACE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE		2-6-01	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
RIVER ARSENAL LABORER	ARSENAL	POPLAR BLUFF, MISSOURI	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HENRY KERNEK	ELIZA LITTLE

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 Address
YES	6/17/19-6/9/22	UNKNOWN	VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ACUTE HEMORRHAGE DUE TO EROSION OF RIGHT CERVICAL LARGE BLOOD VESSEL.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) CARCINOMA OF RIGHT PYRIFORM SINUS, EXTENSIVE WITH GENERALIZED METASTASIS.

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 18 Months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 147X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ NO

20a. ACCIDENT	SUICIDE	HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
☐	☐	☐	

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA I attended the deceased from Oct. 29, 1956, to Nov. 11, 1956. Death occurred at 12:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE	(Degree or title)	22b. ADDRESS	22c. DATE SIGNED
C. W. Gaskins	C. W. GASKINS, M.D., Chief, Surgical Svc.	VA HOSPITAL, POPLAR BLUFF, MO.	11-13-56

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	11-13-56	Woodlawn Cem.	Poplar Bluff, Mo.

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Frank-Cotrell	Poplar Bluff, Mo.	11/15/56	B H Murphree

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 19 1956
BUTLER CO. HEALTH CENTER
FILE No._____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank M. Hill

Licensed Embalmer No. 50

P. O. Address Poplar Blu

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