

FILED NOV 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37277**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY OR TOWN <b>Cape Girardeau</b>		c. LENGTH OF STAY (in this place) <b>3 day</b>	c. CITY OR TOWN <b>Miller Co. Mo</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Francis Hosp</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>home</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Kenneth</b>	b. (Middle) <b>Fernan</b>	c. (Last) <b>Record</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 13-56</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Widow</b>	8. DATE OF BIRTH <b>March 2-1941</b>	9. AGE (in years last birthday) <b>15</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Boy</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Cairo Ill</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Jerry Record</b>	13b. MOTHER'S MAIDEN NAME <b>Louis Homberger</b>	14. NAME OF HUSBAND OR WIFE
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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'S SIGNATURE OR NAME <b>Jerry Record - Miller Co. Ill</b>	ADDRESS
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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, asphyxia, 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>Contusion &amp; Concussion of Brain</b>		<b>31 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bullet Wound of Head</b>		<b>31 hours</b>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Subdural hematoma 9198 43</b>			<b>31 hours</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Contusions of Brain &amp; Right Subdural Hematoma</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <b>Home</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hunting area</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Alexander County, Ill</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov. 11 1956 7A</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Shot while grouse hunting</b>
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22. I hereby certify that I attended the deceased from **11 Nov 1956**, to **12 Nov 1956**, that I last saw the deceased alive on **12 Nov 1956**, and that death occurred at **2:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>M. W. Smith M.D.</b>	(Degree or title)	23b. ADDRESS <b>1912 Broadway Cape Girardeau Mo</b>	23c. DATE SIGNED <b>13 Nov 56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>Nov 14-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Brown Lane Park</b>	24d. LOCATION (City, town, or county) (State) <b>Vicksburg Ill</b>
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DATE REC'D BY LOCAL REG. <b>11-16-56</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank A. Karcher</b>	ADDRESS <b>Cairo Ill</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 13 1958

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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..... *F. A. Karcher* .....

Licensed Embalmer No. *210*

P. O. Address *325-8<sup>a</sup>  
Cairo, Ill*

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.