Dr. Moseley

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 974

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN: Springfield — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: Burge Hosp. — Length of stay in 1b: 17 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 2028 W. Division — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First DONALD Middle GENE Last KERNS

4. DATE OF DEATH: Month Jan. Day 15 Year 1957

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☐ **NEVER MARRIED** X **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Dec. 25 1939 **9. AGE** (In years last birthday): 17 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Filling Station Attendant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Springfield, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Russell Gene Kerns
14. MOTHER'S MAIDEN NAME: Alice Hopkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT Address: Mrs. Alice Kerns Springfield, 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) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 6 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Endobrochial Burns — 6 Hours
DUE TO (c) Second & Third Degree Burns 75% Body — 6 Hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☑ 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. I attended the deceased from Jan. 15, 1957 to Jan. 15, 1957 and last saw her/him alive on Jan 15, 57
Death occurred at 9:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. Thomas Moseley M.D. (Degree or title) **22b. ADDRESS** Springfield, Missouri **22c. DATE SIGNED** 1-17-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal **23b. DATE**: 1/17/57 **23c. NAME OF CEMETERY OR CREMATORY**: Mt. Pleasant **23d. LOCATION** (City, town, or county) (State): Near Chillicothe, Mo.

24. FUNERAL DIRECTOR ADDRESS: H.H. Lohmeyer Springfield, Mo. **25. DATE RECD. BY LOCAL REG.**: 1-17-57 **26. REGISTRAR'S SIGNATURE**: Earl Williamson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 21 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R L McCann

Licensed Embalmer No. 27

P. O. Address Springfie

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