Health, Welfare Public Service

300
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FILED APR 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 9285

Registration District No. 178 Primary Registration District No. 4281 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Lewis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canton — Inside Limits Yes No X	c. CITY OR TOWN Mt.Pleasant,Iowa 8140 8 — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 61 — Length of stay in Hospital	d. STREET ADDRESS (If outside, give location) unknown — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print)	First MAX	Middle KERMIT	Last KERNS	4. DATE OF DEATH Month March Day 28 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐	8. DATE OF BIRTH Febr.16,1932	9. AGE (In years last birthday) 25 — 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) Student	10b. KIND OF BUSINESS OR INDUSTRY Mt.Pleasant,Ia.	11. BIRTHPLACE (City and state or country) Hedrick, Iowa 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Hugh E. Kerns		14. MOTHER'S MAIDEN NAME Garnett Danels		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) Korean War	16. SOCIAL SECURITY NO. 482-28-9835	17. INFORMANT Hubert Kerns, Indianapolis,Ind.	Address	

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) Right jugular vein severed — INTERVAL BETWEEN ONSET AND DEATH: instant

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

DUE TO (b) Automobile accident 8234 32

DUE TO (c)

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 X 2

20a. ACCIDENT X	SUICIDE ☐	HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Automobile overturned off of highway		
20c. TIME OF INJURY Hour a. m. p. m. Appr.12 Month, Day, Year Mar.28,'57		
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway 61	20f. CITY, TOWN, OR LOCATION Canton, Lewis County, Mo. 056 COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Earl H. Barkley (Degree or title) Coroner 3	22b. ADDRESS Canton Mo.	22c. DATE SIGNED 3/30/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Mar.30,1957	23c. NAME OF CEMETERY OR CREMATORY Ables cemetery
23d. LOCATION (City, town, or county) Hedrick, Iowa (State)		
24. FUNERAL DIRECTOR Earl H. Barkley	ADDRESS Canton Mo.	25. DATE RECD. BY LOCAL REG. 3-30-57
26. REGISTRAR'S SIGNATURE P.W. Jennings, M.D. E.L.		

(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

161

APR 10 1957

MAY 23 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Earl H Barkley

Licensed Embalmer No. 261-

P. O. Address Canton,

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