

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 9 1957

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN New Home Twp.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fanning Rest Hme		d. STREET ADDRESS 5 mi N.W. Rich Hill	

3. NAME OF DECEASED (Type or print) First WILLIAM Middle FRANKLIN Last KERNS			4. DATE OF DEATH Month July Day 29 Year 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 12 1878	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 79 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Section foreman Rail road		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Joseph, Missouri	
13. FATHER'S NAME James H. Kerns			14. MOTHER'S MAIDEN NAME Eliza Antle		
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. none		17. INFORMANT Mrs. Minnie Kerns-Rich Hill, Missouri	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of bladder			INTERVAL BETWEEN ONSET AND DEATH Don't know
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ✓			
DUE TO (c) ✓			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). none			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 8 P. Month July Day 24 Year 1957 p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Nevada		20f. CITY, TOWN, OR LOCATION Vernon Mo.	
21. I attended the deceased from July 24/57 to July 29/57 and last saw him alive on July 29-57 . Death occurred at Rich Hill, Mo. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. E. Love		22b. ADDRESS Nevada, Mo	
22c. DATE SIGNED 9-9-57			

23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8/1/57		23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery		23d. LOCATION (City, town, or county) (State) Rich Hill, Missouri	
24. FUNERAL DIRECTOR Booth Funeral Service, Rich Hill, Mo.				25. DATE REC'D. BY LOCAL REG. 9-6-1957		26. REGISTRAR'S SIGNATURE Anna E. Ferry	

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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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 *John J. Glades*

Licensed Embalmer No. *38*

P. O. Address *Butler*

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.