V.S. No. 300
Rev. 10.48

FILED DEC 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41101

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5705 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hudson Twp
c. LENGTH OF STAY in this place: 3½ da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hildreth Sanatorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: LINN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield
d. STREET ADDRESS (If rural, give location): 527 Market

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Fletcher c. (Last) Kern

4. DATE OF DEATH (Month) (Day) (Year): Dec 3 · 1957

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 4 · 1877

9. AGE (In years last birthday): 79 — If under 1 year: Months: 11 Days: 30 — If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad

10b. KIND OF BUSINESS OR INDUSTRY: Retired Conductor

11. BIRTHPLACE (City and State or Foreign Country): Avalon Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Kern

13b. MOTHER'S MAIDEN NAME: Phoebe Hoyt

14. NAME OF HUSBAND OR WIFE: Mamie Kern

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.: 707-07-6367

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Mayme Kern, Brookfield, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Sepsis and Toxemia — INTERVAL BETWEEN ONSET AND DEATH: 6 da. +

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Gangrene of Foot

DUE TO (c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 260X

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 29, 1957, *to* Dec 3, 1957, *that I last saw the deceased alive on* Dec 2, 1957, *and that death occurred at* 4:02 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H H Hoyle D O

23b. ADDRESS: Macon Mo

23c. DATE SIGNED: Dec 3-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 5, 1957

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Brookfield, Missouri

DATE REC'D BY LOCAL REG.: 12/7/57

REGISTRAR'S SIGNATURE: Ruth McCreely

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: J. W. Blasbook, Brookfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MACON COUNTY HEALTH

County File No. 12-57-208

Date Filed 12-10-57

DEC 31 1957

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 _____
Student Embalmer

Signed Gerald T. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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 this body is not embalmed, fact should be so stated above.