

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017375
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 541

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dekalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Joseph		c. CITY OR TOWN Stewartsville 0320	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 701 So. 11th. St		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 2 Yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) William Henry Kerns			4. DATE OF DEATH Month Day Year 5 21 58			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/14/1874	9. AGE (In years first birthday) 84	10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Stewartsville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Silas Kerns		13b. MOTHER'S MAIDEN NAME Sarah Chambers		14. NAME OF HUSBAND OR WIFE Elizabeth Kerns		
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. ni-		17. INFORMANT Address Virgil Kerns, 3525 Penn St Joseph		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial Failure			INTERVAL BETWEEN ONSET AND DEATH 3-4 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis Gen.			Yrs.
	DUE TO (c) Pulmonary Edema 4500			6-8 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Semblity			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	

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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from 5-9-58, to 5-20-58 and last saw ^{her} alive on 5-21-58
Death occurred at 9:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert McKieker, M.D. (Degree or title)	22b. ADDRESS St. Joseph, Mo	22c. DATE SIGNED 7-27-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/23/58	23c. NAME OF CEMETERY OR CREMATORY Freeman Chapel Cmty.	23d. LOCATION (City, town, or country) (State) Stewartsville, Mo.
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24. FUNERAL DIRECTOR N.E. Sumnerfield	ADDRESS Stewartsville Mo	25. DATE RECD. BY LOCAL REG. May 26, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MS MAR 1 1930

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 *W. E. Summerhouse*

Licensed Embalmer No. *3007*
P. O. Address *Stewartville, Mo.*

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.