

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024456
STATE FILE NUMBER

Health,
Welfare
Public
Service

300
1-57

FD JUL 21 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 229

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Shelbina 1020 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hosp.		Length of stay in 1b 2 wks	d. STREET ADDRESS (If outside, give location) ----- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Fred Middle Kern Last	4. DATE OF DEATH Month 7 Day 8 Year 58
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5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 29, 1880	9. AGE (In years last birthday) 78-4-9	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpentry (retired)	10b. KIND OF BUSINESS OR INDUSTRY Carpentry	11. BIRTHPLACE (City and state or country) Adams Co., Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George M. Kern	13b. MOTHER'S MAIDEN NAME Ida F. Henshaw	14. NAME OF HUSBAND OR WIFE Nelle Kern
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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. 88-18-5872	17. INFORMANT Mrs. Nelle Kern - Shelbina, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARREST	INTERVAL BETWEEN ONSET AND DEATH
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY OCCLUSION OR THROMBOSIS	DUE TO (c) FIRST ARREST IN SURGERY (4 PM) - SECOND 3 AM
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pyloric Obstruction - Cholecystitis - Cholelithiasis 584X	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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
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21. I attended the deceased from Death Occurred at 3:21 AM on the date stated above; and to the best of my knowledge, from the causes stated.	6-26-58 to 7-8-58 and last saw ^{him} alive on 7-7-58
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22a. SIGNATURE (Degree or title) Carl Laughlin, D.O.	22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 7-11-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 10, 1958	23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery	23d. LOCATION (City, town, or county) (State) Shelbina, Missouri
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24. FUNERAL DIRECTOR Barkeley-Davis Funeral Service	25. DATE RECD. BY LOCAL REG. 7-14-58	26. REGISTRAR'S SIGNATURE Doris W. Ratliff
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Shelbina, Mo. (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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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 John F. Byrd, Student Embalmer No. 554 working under my personal supervision.

Student *John F. Byrd*
Signature of Student Embalmer

Signed *Henry A. Buckle*
Licensed Embalmer No. 3835-
P. O. Address Shelbyna, Missou

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.