

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040395  
State File No. ....

FILED NOV 19 1958  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 536

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Joplin 6495 <sup>th</sup> 0	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1202 Michigan		STREET ADDRESS (If rural, give location) 1202 Michigan	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Robert c. (Last) Kerns	4. DATE OF DEATH (Month) (Day) (Year) Nov. 10 1958
--	---

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH April 15, 1882	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
-------------	------------------------	--	---------------------------------	------------------------------------	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroader	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	---	----------------------------------

13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME Julia Edwards	14. NAME OF HUSBAND OR WIFE
----------------------------	---	-----------------------------

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. 429-30-9500	17. INFORMANT'S SIGNATURE OR NAME niece-Mrs. Pearl Harris, Joplin, Mo.	ADDRESS
---	-------------------------------------	--	---------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 Days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pulmonary Edema.		unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Generalized Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---------------------------------------	--

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 10/10/58, 1958, 11/10/58, 1958, that I last saw the deceased alive on 11/9/58, 1958, and that death occurred at 12:32 a.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. H. H. ... (Degree or title)	23b. ADDRESS 924 N. Doughty St. N.C.	23c. DATE SIGNED 11/10/58
--	--------------------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-13-58	24c. NAME OF CEMETERY OR CREMATORY Decatur Cemetery	24d. LOCATION (City, town, or county) (State) Decatur, Ark.
--	--------------------	---	---

DATE REC'D BY LOCAL REG. 11/13/58	REGISTRAR'S SIGNATURE Dovec Merriam	FUNERAL DIRECTOR'S SIGNATURE ...	ADDRESS Siloam Springs Funeral H. Ark.
-----------------------------------	-------------------------------------	----------------------------------	--

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

DEC 3 1958

W. J. Mearns  
305 E 39th St  
New York, N.Y.

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 A Vincent, Student Embalmer No. .... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed John A. Vincent  
Licensed Embalmer No. T-11

P. O. Address Selawick

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.