Health, Welfare Public Service 14

300 1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004991
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 098 Primary Registration District No. ..... Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Daviess
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jamesport — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b 15 yrs

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE Missouri b. COUNTY Daviess
c. CITY OR TOWN Jamesport — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Walter Middle: Eugene Last: Kearns
4. DATE OF DEATH Month: Feb Day: 6 Year: 1959
5. SEX Male
6. COLOR OR RACE Cau
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept 19 1898
9. AGE (In years last birthday) 60
IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) News Editor
10b. KIND OF BUSINESS OR INDUSTRY Newspaper
11. BIRTHPLACE (City and state or country) Minn
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Address Mrs Walter Kearns - Jamesport Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Lungs (Metastatic)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Lymphosarcoma Cervical
DUE TO (c) Pneumonia
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 2 K.C.
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Dec to 67 and last saw him alive on Feb 5 59
Death occurred at 6:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE J B Bailey (Degree or title) MD
22b. ADDRESS Jamesport Mo
22c. DATE SIGNED 2-18-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9 Feb 59
23c. NAME OF CEMETERY OR CREMATORY Missouri
23d. LOCATION (City, town, or county) (State) Jamesport Mo
24. FUNERAL DIRECTOR W. Robinson ADDRESS Jamesport Mo
25. DATE RECD. BY LOCAL REG. 3-2-59
26. REGISTRAR'S SIGNATURE Virgum Engelhart

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

AUG 4 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by Harvey Allen Roberson, Student Embalmer No. 0

working under my personal supervision..

Student H. A. Roberson
Signature of Student Embalmer

Signed O. L. Roberson

Licensed Embalmer No. 32

P. O. Address Jones

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.