ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012698
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 359

AMENDED

FILED APR 17 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 11 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo.Methodist Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2308 So. 5th Street — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First THEODORE Middle C. Last KERNS
4. DATE OF DEATH: Month April, Day 6, Year 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 3/27/1877
9. AGE (last birthday): 84 years — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret.Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: St.Joseph Coal Co.
11. BIRTHPLACE (City and state or country): Doniphan Co., Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF ~~HUSBAND OR~~ WIFE: Ida Kerns (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------
17. INFORMANT: Raymond W. Kerns, Address: 1310 Main Street, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Left Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — uknown
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus with acidosis; Skull fracture with intracranial hemorrhage

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Deceased was found on sidewalk at 2301 So. 6th approx. 11:15 AM
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.): found on sidewalk at 2301 So. 6th
20f. CITY, TOWN, OR LOCATION: St. Joseph — COUNTY: Buchanan — STATE: Missouri

21. I attended the deceased from 4/5/61, to 4/6/61 and last saw her him alive on 4/5/61
Death occurred at 3:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Owen W. Craig M.D.
22b. ADDRESS: Social Welfare Board, St. Joseph, Missouri
22c. DATE SIGNED: 4/7/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4/8/1961
23c. NAME OF CEMETERY OR CREMATORY: Belmont Cemetery
23d. LOCATION (City, town, or county): Wathena, (State): Kansas

24. FUNERAL DIRECTOR: Stamey Funeral Home (EAS) — ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: April 12, 1961
26. REGISTRAR'S SIGNATURE: Mrs. Clark Gardell

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION: O.W.D. Craig M.D.

APR 19 1961

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 Charles E Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph M

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.