

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-041857

Registration District No. 256

Primary Registration District No. _____

Registrar's No. 240

STATE FILE NUMBER

AMENDED

FILED DEC 11 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Maryville</u>		Length of stay in 1b <u>13 yrs</u>	c. CITY OR TOWN <u>Maryville</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8 mi. West</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Maryville</u>
3. NAME OF DECEASED (Type or print) First <u>Verlan I.</u> Middle <u>Kerns</u> Last <u>Kerns</u>			4. DATE OF DEATH Month <u>12</u> Day <u>6</u> Year <u>1961</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>Cau</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-17-1908</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Albany, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>George Kerns</u>	
13b. MOTHER'S MAIDEN NAME <u>Buna Moreland</u>		14. NAME OF HUSBAND OR WIFE <u>Esther Kerns</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Mrs Esther Kerns, Maryville, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Transmitted cervical spinal cord distast</u> DUE TO (b) <u>Fractured cervical spine</u> DUE TO (c) <u>Stroke</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Turned Corn wagon over.</u>	
20c. TIME OF INJURY Hour <u>11:45</u> a.m. Month, Day, Year <u>12 6 61</u>	+ struck in chest & neck.		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Truman Shelton Farm</u>	20f. CITY, TOWN, OR LOCATION <u>Maryville</u>	COUNTY <u>Nodaway</u> STATE <u>MO.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>B. J. Byland M.D.</u>		22b. ADDRESS <u>Maryville, Mo</u>	22c. DATE SIGNED <u>12/7/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buna</u>	23b. DATE <u>12-8-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Quitman, Mo.</u>	23d. LOCATION (City, town, or county) <u>Maryville, Mo.</u>
24. FUNERAL DIRECTOR <u>Atchison - Maryville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-7-61</u>	26. REGISTRAR'S SIGNATURE <u>Beno Bolt</u>	

JUN 21 1962

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 *George M. DeLuca*

Licensed Embalmer No. 5114

P. O. Address *Weymouth*

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.

