

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044813

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 1449 Primary Registration District No. 1002 Registrar's No. 6319

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON	b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY	a. STATE MISSOURI	b. COUNTY JACKSON
Length of stay in 1b 20 years		c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) BAPTIST MEMORIAL HOSP.		d. STREET ADDRESS 511 E. 92ND TERR.	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First EILEEN	Middle ENITH	Last KERNS	Month DEC	Day 15	Year 1961
5. SEX FEMALE	6. COLOR OR RACE CAUC.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/11/1920	9. AGE (last birthday) 41	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) RANDOLPH, NEBR.	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME FRANK OVERHUE		13b. MOTHER'S MAIDEN NAME BERTHA WEBER		14. NAME OF HUSBAND OR WIFE HAROLD KERNS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			17. INFORMANT HAROLD KERNS, KANSAS CITY, MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 4 years
IMMEDIATE CAUSE (a) Carcinoma of the Breast with metastasis		
DUE TO (b)		
DUE TO (c)		
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 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.)
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Dec 7, 1959 to Dec 15, 1961 and last saw her alive on Dec 15, 1961
Death occurred at 4:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph E. Johnson, M.D.	22b. ADDRESS 5801 Kingslee Drive, K.C. 34, MO	22c. DATE SIGNED 12-15-61
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12/15/1961	23c. NAME OF CEMETERY OR CREMATORY WHEATLAND CEMETERY
23d. LOCATION (City, town, or county) BREDA, IOWA		(State)

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 12-17-61	26. REGISTRAR'S SIGNATURE Ruth Long
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF Joseph E. Johnson, M.D.

ITEM NO. SHOULD READ

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 Thomas W. Pearson

Licensed Embalmer No. 4889

P. O. Address Lathrop, MA

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.