

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017969

STATE FILE NUMBER

Registration District No. 30 Primary Registration District No. 4038 Registrar's No. 28

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 28 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY BENTON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CEDAR | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WARSAW | | Length of stay in 1b minutes | c. CITY OR TOWN El Dorado Springs Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Rt 5 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last WEAVER F KERN | | | 4. DATE OF DEATH Month Day Year May 20 1962 |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Dec 7, 1893 |
| 9. AGE (last birthday) 68 | | IF UNDER 1 YEAR Months 5 Days 13 | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad | | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | 11. BIRTHPLACE (City and state or country) Polo, Mo |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Benj Kern | |
| 13b. MOTHER'S MAIDEN NAME Julia Frances Kern | | 14. NAME OF HUSBAND OR WIFE Elua Kern | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT Elua Kern | | Address El Dorado Springs | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | |
| IMMEDIATE CAUSE (a) Coronary Thrombosis | | | |
| DUE TO (b) Myo Cardial Infarction | | | |
| 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 Month, Day, Year a.m. p.m. | | | |
| 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 |
| 21. I attended the deceased from never to never and last saw him alive on never Death occurred at 5:45 p m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) John F Reese (Benton Co Coroner) | | 22b. ADDRESS Warsaw, Mo | 22c. DATE SIGNED 5/20/62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE May 23, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Mt Moriah | 23d. LOCATION (City, town, or county) (State) Kansas City Jackson Co Mo |
| 24. FUNERAL DIRECTOR Quinn-Carother | ADDRESS El Dorado Springs | 25. DATE RECD. BY LOCAL REG. May 25-1962 | 26. REGISTRAR'S SIGNATURE Jas. A. Logan |

JUN 5 1962

JUN 22 1962

MAY 29 1962

JUL 27 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 John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw.

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.