

S. No. 300
V. 10.48

FILED OCT 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32702**
Registrar's No. **1065**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5134**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN St Joseph)		c. CITY (If outside corporate limits, write RURAL and give township) 0110 - TOWN St Joseph, rural, Washington Twp	
c. LENGTH OF STAY (In this place) 10, Yrs.		d. STREET ADDRESS (If rural, give location) Industrial City Mo-Cook Road, RR #3	
d. FULL NAME OF HOSPITAL OR INSTITUTION: RR #3, Cook Road Littler Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Cyrene c. (Last) Kerna			4. DATE OF DEATH (Month) (Day) (Year) Oct, 14 51		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb, 15, 1868	9. AGE (In years last birthday) 83	If under 1 year Months Days	If under 1 min. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME William Kerna	13b. MOTHER'S MAIDEN NAME Narcissa Vaughn	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. nnnnnnn xxxxxxxx	17. INFORMANT'S SIGNATURE OR NAME Shelby Thornton	ADDRESS Stewartville Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 5 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 14th, 1951**, to **Oct. 14, 1951**, that I last saw the deceased alive on **Oct 14th, 1951**, and that death occurred at **7 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE John G. Dewails M.D.	(Degree or title)	23b. ADDRESS Wathans Kansas	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REPOSE (Specify) Burial	24b. DATE 10-16-1951	24c. NAME OF CEMETERY OR CREMATORY Thornton	24d. LOCATION (City, town, or county) (State) Clarkedale Mo
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DATE REC'D BY LOCAL REG. Oct 19, 1951	REGISTRAR'S SIGNATURE Carl C. Casler	25. FUNERAL DIRECTOR'S SIGNATURE John Brown	ADDRESS Wapville Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

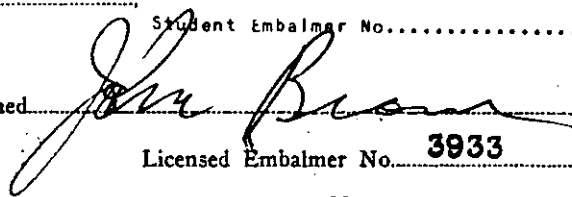
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....



Licensed Embalmer No. **3933**

Signed.....
Student Embalmer

P. O. Address **Mayaville Mo**

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 this body is not embalmed, fact should be so stated above.