

FILED MAR-27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7804

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 5133	Registrar's No. 317
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Easton, Rt #1 Marion		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural #1 Marion		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 Mile NW of Easton, Mo.		d. STREET ADDRESS (If rural, give location) 1/2 Mile N. West of Easton, Mo.		
3. NAME OF DECEASED (Type or Print) Charles Lee Kemmer		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) March 11 1950	5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, () WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH June 20, 1930
9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY Junior College	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Carl B. Kemmer	13b. MOTHER'S MAIDEN NAME Irene Simms	14. NAME OF HUSBAND OR WIFE Single		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl B. Kemmer Easton, Mo. Rt. 1		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Septic pneumonia Rheumatic</i> <i>Death occurred suddenly</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Infectious toxic</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <i>1 hr</i> <i>unknown</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)		
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?		
22. I hereby certify that I attended the deceased from June 1949, to March 11, 1950, that I last saw the deceased alive on Feb 21, 1950, and that death occurred at 3:40 P.M., from the causes and on the date stated above.				
23a. SIGNATURE <i>Chas. B. Kemmer</i>	(Degree or title) M.D.	23b. ADDRESS <i>Dr. Joseph M...</i>	23c. DATE SIGNED 3/18/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-14-1950	24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery	24d. LOCATION (City, town, or county) (State) Easton Missouri	
DATE REC'D BY LOCAL REG. Mar. 21, 1950	REGISTRAR'S SIGNATURE <i>G. C. Jenkins</i>	382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Norman W. Sidenbader</i> 1802 Union St	

(Licensed Embalmer's Statement on Reverse Side)

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

0110

0110

5100

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.

Signed.....
Student Embalmer

Signed.....
Robert L. Gable

Student Embalmer No.

Licensed Embalmer No. *3308*

P. O. Address *St. Joseph, 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.