

FILED JAN 13 1951

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

 State File No. **40763**  
**5530**

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1005 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JACKSON</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>HANCOCK</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW - RURAL</u>	
c. LENGTH OF STAY (If this place) <u>12 hr 30 mi</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OSTEOPATHIC HOSPITAL</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>ALFRED</u> b. (Middle) <u>EVERETT</u> c. (Last) <u>HEMPEN, R.</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>DEC. 29. 1950</u>			
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>NOV. 29. 1910</u>	<b>9. AGE</b> (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> 		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Hancock Co. Illinois</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>HENRY HEMPEN</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>ALLIE RIGG</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mrs. MARGARET HEMPEN</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service)	<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs. MARGARET HEMPEN</u> <u>R.R. #1 WARSAW ILL</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>30 MINUTES</u>
<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>PULMONARY edema</u>	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>POSITIVE Serology</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PULMONARY infection</u> DUE TO (c) <u>murul thrombi</u>	UNKNOWN
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

<b>21a. SUICIDE OR HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

22. I hereby certify that I attended the deceased from Dec 28, 1950, to Dec 29, 1950, that I last saw the deceased alive on Dec 29, 1950, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>A.A. Choquette</u> (Degree or title)	<b>23b. ADDRESS</b> <u>Kansas City, Mo.</u>	<b>23c. DATE SIGNED</b>
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<b>24a. BURIAL CREMATION (REMOVAL) (Specify)</b> <u>BURIAL</u>	<b>24b. DATE</b> <u>DEC. 29. 1950</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>HAMILTON, ILLINOIS</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>12-31-50</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Sheraldine Holmes</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>D.H. Newcomer</u>	<b>ADDRESS</b> <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>
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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 .....  
Student Embalmer

Signed

*Charles H. Steinhilber*

Licensed Embalmer No. 4560

P. O. Address KE 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.