

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15699**
Registrar's No. **513**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 513		
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Doniphan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Washington Twsp		8/50		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location) RR #1, Wathena				
3. NAME OF DECEASED (Type or Print) a. (First) Roy		b. (Middle) Perrill		c. (Last) Templin		4. DATE OF DEATH (Month) (Day) (Year) May 9, 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 18, 1893		
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		11. BIRTHPLACE (State or foreign country) Brookville, Kansas /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank L. Templin			13b. MOTHER'S MAIDEN NAME Maggie Perrill		14. NAME OF HUSBAND OR WIFE Hester Templin			
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 Mrs. Hester Templin-Wathena, Ks.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant hypertension		DUE TO (b) Arteriosclerotic cardiovascular disease?					2 yrs. +	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 443X					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 Dec. 30, 1950 , to May 8, 1951 , that I last saw the deceased alive on 5-8-51 , and that death occurred at 8:55 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Emerson Joder, M.D.				23b. ADDRESS Denton, Kansas		23c. DATE SIGNED 5-12-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 9, 1951		24c. NAME OF CEMETERY OR CREMATORY Bellefont Cemetery		24d. LOCATION (City, town, or county) (State) Wathena, Kansas		
DATE REC'D BY LOCAL REG. May 14, 1951		REGISTRAR'S SIGNATURE Carl C. Casper		25. GENERAL DIRECTOR'S SIGNATURE Charles J. ...		ADDRESS Harmel Funeral Home - Wathena, Ks.		

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

MAY 22 1957

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 M. Sharma

Licensed Embalmer No. 4487

P. O. Address Wathena, 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.