No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 6 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20879

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 0849 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Conception-Jefferson Township
c. LENGTH OF STAY (In this place): lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Conception rural Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Conception 0740.
d. STREET ADDRESS (If rural, give location): "

3. NAME OF DECEASED (Type or Print): a. (First) Mr. Bernard b. (Middle) Peter c. (Last) Kemper

4. DATE OF DEATH (Month) June (Day) 27 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 9/1/1873

9. AGE (In years last birthday): 77 | 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): retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): St. Helena Nebraska

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Dedrick Kemper

13b. MOTHER'S MAIDEN NAME: Elizabeth Schneiderhaun

14. NAME OF HUSBAND OR WIFE: Mary Kemper

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.: none

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mary Kemper
ADDRESS: Conception Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Osteoarthritis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

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. Generalized arteriosclerosis — 10 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 7230

20. AUTOPSY? YES ☐ NO ☒

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 27, 1950, *to* June 27, 1951, *that I last saw the deceased alive on* June 27, 1951, *and that death occurred at* 5:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul J. Kadull (Degree or title): M.D.

23b. ADDRESS: Conception Jct, Mo

23c. DATE SIGNED: 6/28/51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 6/30/51

24c. NAME OF CEMETERY OR CREMATORY: St. Columba

24d. LOCATION (City, town, or county) (State): Conception Nodaway Mo

DATE REC'D BY LOCAL REG.: 6-28-51

REGISTRAR'S SIGNATURE: Mrs. Elza Crenshaw

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25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Faddis And Phillips Conception Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
3
DISTRICT
HEALTH OFFICE
CAMERON, MO.

NOV 18 195

SEP 27 1955

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 Latoy F. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. 1898

P. O. Address Stanberry, 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.