No. 300 10.48 MAY 7 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 13772

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 142

N4 0

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

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
c. LENGTH OF STAY (in this place) 3da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bothwell Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hughesville (Rural)
d. STREET ADDRESS (If rural, give location) RFD 0807

3. NAME OF DECEASED (Type or Print) a. (First) Kemp b. (Middle) Hieronymus c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Apr. 28, 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Oct. 1, 1875
9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months 6 Days 27 | 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
11. BIRTHPLACE (State or foreign country) Longwood, Mo 0
12. CITIZEN OF WHAT COUNTRY? Usa

13a. FATHER'S NAME Chas. Rector Hieronymus
13b. MOTHER'S MAIDEN NAME Mary Susan Kemp
14. NAME OF ~~HUSBAND~~ OR WIFE Florence

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 David Hieronymus ADDRESS 911 So. Osage

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) Pyloric stenosis — INTERVAL BETWEEN ONSET AND DEATH 5 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Duodenal ulcer — 15 yrs
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 5410
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* Dec 3, 1951, *to* April 28, 1952, *that I last saw the deceased alive on* April 28 1952 *and that death occurred at* 10 45 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE John E. Lamy (Degree or title) M.D. 0
23b. ADDRESS 111 West 4th Sedalia Mo.
23c. DATE SIGNED 4-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-30-52
24c. NAME OF CEMETERY OR ~~CREMATORY~~ Crown Hill
24d. LOCATION (City, town, or county) (State) Sedalia, Mo

DATE REC'D BY LOCAL REG. 4-30-52
REGISTRAR'S SIGNATURE A. J. Campbell M.D. Goldie Hall deputy
25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros. ADDRESS Sedalia

257-0 (Licensed Embalmer's Statement on Reverse Side)

VS JUL 20 1968

## 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 K P M Crary

Licensed Embalmer No. 3153

P. O. ~~Address~~ Sedalia 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.