

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35928

No. 300  
10.45  
OCT 31 1952

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St James</u>	c. LENGTH OF STAY (In this place) <u>3 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>macon, Mo. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Soldiers Home</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type of Print) a. (First) <u>Mary</u> b. (Middle) <u>E.</u> c. (Last) <u>Kemper</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 21 - 1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan 21 - 1866</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo. U.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
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13a. FATHER'S NAME <u>Doubt known</u>		13b. MOTHER'S MAIDEN NAME <u>Doubt known</u>		14. NAME OF HUSBAND OR WIFE <u>Doubt known</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Soldiers Home - St James Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-Vascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH			
		ANTECEDENT CAUSES		DUE TO (b) <u>Generalized Atherosclerosis</u>			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Senility</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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?	
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22. I hereby certify that I attended the deceased from Aug 1, 1950, to Oct 21, 1952, that I last saw the deceased alive on Oct 21, 1952, and that death occurred at 7:30pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Adm. H. Potts M.D.</u>		23b. ADDRESS <u>St. James Mo</u>		23c. DATE SIGNED <u>10/21/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 22, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>macon cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>macon, Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>Oct 28 - 1952</u>	REGISTRAR'S SIGNATURE <u>Ruth B Powell</u>		479 - 9	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Oral E. Lieblid - St James Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0810  
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County File Number \_\_\_\_\_  
Date Filed 10-30-52

RECEIVED

**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 \_\_\_\_\_

*mal*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Ernest E. Secklieder*

Licensed Embalmer No. 3546

P. O. Address St James 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.