U.S. No. 300
REV. 10.48

FILED FEB 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 516

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5161 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Bloomfield
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In Town

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Bloomfield 014
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Absolm
b. (Middle): Thomas
c. (Last): Kemper

4. DATE OF DEATH (Month) (Day) (Year): Feb 6 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Nov 17 1867
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 2, Days 19, 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: Retired
11. BIRTHPLACE (State or foreign country): Callaway Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Thomas Kemper
13b. MOTHER'S MAIDEN NAME: Margaret A. Murphy
14. NAME OF HUSBAND OR WIFE: Emma 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.: No
17. INFORMANT'S SIGNATURE OR NAME: Elliott Kemper — **ADDRESS**: 1625 Market Madison Ill.

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): Valvular Heart disease — INTERVAL BETWEEN ONSET AND DEATH:

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. Bronchitis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4214
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* Jan 1, 1953, *to* Feb 6, 1953, *that I last saw the deceased alive on* Feb 6, 1953, *and that death occurred at* 11/45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. McD. Rusk M.D. (Degree or title)
23b. ADDRESS: New Bloomfield Mo
23c. DATE SIGNED: 2/7 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 8-53
24c. NAME OF CEMETERY OR CREMATORY: New Bloomfield
24d. LOCATION (City, town, or county) (State): New Bloomfield Mo

DATE REC'D BY LOCAL REG.: Feb 8-53
REGISTRAR'S SIGNATURE: LeRoy Claypool 39
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Holt Claypool Sec N.B. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Le Roy Clayson

Licensed Embalmer No. 4412

P. O. Address New Bloomfield 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.