

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **10638**

FILED MAR 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **214** PRIMARY REG. DIST. NO. **5778a** Registrar's No. **68**

0660  
 1

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

0660  
 A

1. PLACE OF DEATH a. COUNTY <b>Miller</b> <b>Rural</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Miller</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Elizabeth Henry</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Elizabeth Jim Henry</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <b>0660</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Patrick</b> b. (Middle) <b>Antonious</b> c. (Last) <b>Kemma</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 13, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>March 7, 1950</b>	9. AGE (In years last birthday) <b>3</b>	IF UNDER 1 YEAR Days <b>0</b> IF UNDER 24 HRS. Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Tuscumbia, Missouri</b>	
13a. FATHER'S NAME <b>William J. Kemma</b>		13b. MOTHER'S MAIDEN NAME <b>Eleanor G. Kliethermes</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William J. Kemma St. Elizabeth, Mo.</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b> ANTECEDENT CAUSES <b>Rubella</b> 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.			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>4 days</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>086X</b>	
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 <b>3/12/1953</b> , to <b>3/13/1953</b> , that I last saw the deceased alive on <b>3/13/1953</b> , and that death occurred at <b>5:40 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>W. J. Kemma</b> (Degree or title) <b>D.O.</b>			23b. ADDRESS <b>Meta, Missouri</b>		23c. DATE SIGNED <b>3/14/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>3/15/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Lawrence Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Elizabeth, Missouri</b>
DATE REC'D BY LOCAL REG. <b>3-15-1953</b>		REGISTRAR'S SIGNATURE <b>John S. Schaeferman</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter Nedges Iberia, Mo.</b>	

MISSOURI  
MAY 25 1957  
DEPARTMENT OF HEALTH

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. 4265.....

Signed..... Iberia, Missouri

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.