

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21211**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **129**

1. PLACE OF DEATH a. COUNTY <b>WASHINGTON MO</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEW HAVEN</b>	
c. LENGTH OF STAY (In this place) <b>3 DAYS</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ST FRANCIS HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>KEITH</b> b. (Middle) <b>E</b> c. (Last) <b>KEMP</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7 1 53</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>COLORED</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	
8. DATE OF BIRTH <b>OCT 5 1952</b>		9. AGE (In years last birthday) <b>8-9-6</b>		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY MO</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>HERBERT KEMP</b>		13b. MOTHER'S MAIDEN NAME <b>FRANNIE TAYLOR</b>		14. NAME OF HUSBAND OR WIFE <del>BERNARD KEMP</del>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>0</b>		16. SOCIAL SECURITY NO. <b>0</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Herbert Kemp</b> ADDRESS <b>Kansas City 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
		ANTECEDENT CAUSES Abundant conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>upper respiratory infection</b>			<b>3 days</b>
		DUE TO (c) <b>acute pyelonephritis</b>			<b>2 days</b>
		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 <b>491X</b>			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)	
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 **June 30, 1953**, to **July 1, 1953**, that I last saw the deceased alive on **July 1, 1953**, and that death occurred at **11:15 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>0</b>		23b. ADDRESS <b>77th and Elm Washington Mo</b>		23c. DATE SIGNED <b>7-2-53</b>	
24a. BURIAL, CREMATION, REINTERMENT (Specify)		24b. DATE <b>7-3-</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NEW HAVEN CEM.</b>	
				24d. LOCATION (City, town, or county) (State) <b>NEW HAVEN MO</b>	

DATE REC'D BY LOCAL REG. <b>July 3, 1953</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>[Address]</b>	
--	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

5. No. 300  
v. 10-48

03620

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 Earl Jesty

Licensed Embalmer No. 2385

P. O. Address York Haven Pa

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.