

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35383

State File No.

FILED OCT 16 1953

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 285

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Linn</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles E. Still Osteopathic</u>		e. STREET ADDRESS (If rural, give location) <u>R.R. # 1</u> <u>0760</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Peter</u> b. (Middle) _____ c. (Last) <u>Kemmer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct</u> <u>9</u> <u>1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 13 1873</u>
9. AGE (In years last birthday) <u>80</u>		# UNDER 1 YEAR <u>4</u> Days	# UNDER 24 HRS. <u>26</u> Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Linn, Mo. R.R. # 1</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Kemmer</u>	
13b. MOTHER'S MAIDEN NAME <u>Agnes Bernatz</u>		14. NAME OF HUSBAND OR WIFE <u>MARY Hasentertz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Kemmer Linn Mo.</u>		ADDRESS _____	
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) <u>Hypostatic pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES DUE TO (b) <u>Fr. Right Hip</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>longestive heart failure</u>	
19a. DATE OF OPERATION <u>10/1/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric fr. Right hip #76</u>	
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 <u>9/25</u> , 19 <u>53</u> , to <u>10/9</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10/9</u> , 19 <u>53</u> and that death occurred at <u>9:05A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>R. A. Michael D.O. 2</u> (Degree or title)		23b. ADDRESS <u>Jefferson City, Mo.</u>	
23c. DATE SIGNED <u>10/9/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct 12 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Georges</u>	
24d. LOCATION (City, town, or county) (State) <u>Linn Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Moulton Linn Mo</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>Oct. 9, 1953</u>		REGISTRAR'S SIGNATURE <u>R. P. Dorn M. D. N. R.</u>	

(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.....
Signature of Student Embalmer

Signed *Samuel M. Morton*.....

Licensed Embalmer No. *412*.....

P. O. Address *Lincoln, N.J.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.