

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18493

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 100	
1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Gasconade</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WASHINGTON</b>		c. LENGTH OF STAY (in this place) <b>25 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MORRISON</b>		0370	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) ✓ ✓ 1			
3. NAME OF DECEASED (Type or Print) a. (First) <b>OTTO</b> b. (Middle) <b>HENRY</b> c. (Last) <b>KEMPER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 19 1954</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>May 2<sup>nd</sup> 1886</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL WORK</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Gasconade Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Henry Kemper</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Neumann</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Kemper</b>			
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>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Mary Kemper Morrison 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>Cardio-renal-vascular disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>442X</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Old duodenal ulcer with obstruction</b>				INTERVAL BETWEEN ONSET AND DEATH <b>years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Severe obstruction of pylorus-gastro-</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) (m.)		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>1951</u> , to <u>June 19, 1954</u> , that I last saw the deceased alive on <u>June 19, 1954</u> , and that death occurred at <u>5:35 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dr. J. S. Neumann M.D.</b>			23b. ADDRESS <b>Hermann Mo</b>		23c. DATE SIGNED <b>6-21-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>6/21/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Assumption Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>MORRISON Mo</b>		
DATE REC'D BY LOCAL REG. <b>6/21/54</b>		REGISTRAR'S SIGNATURE <b>J.P. Neumann</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hugo St. Hermann Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 16 1954

JUL 30 1954

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 \_\_\_\_\_

*August Deussen*

Licensed Embalmer No. 3160

P. O. Address Here on the

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.