

FILED AUG 6 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24794
Registrar's No. 7045

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN St. Louis d. In Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips Hospital e. STREET ADDRESS (If rural, give location) 22 1210 Armstrong 2229

3. NAME OF DECEASED a. (First) Willie b. (Middle) _____ c. (Last) Kimple 4. DATE OF DEATH (Month) (Day) (Year) July 27, 1954

5. SEX Male 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Nov. 25, 1904 9. AGE (In years last birthday) 49

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor 10b. KIND OF BUSINESS OR INDUSTRY Bakery 11. BIRTHPLACE (City and State or Foreign Country) Holley Ark. 12. CITIZEN OF WHAT COUNTRY _____

13a. FATHER'S NAME Ezekle Kemple 13b. MOTHER'S MAIDEN NAME Elizabeth Courtney 14. NAME OF HUSBAND OR WIFE Mrs. Lucindia Kemple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No 16. SOCIAL SECURITY NO. 429-16-2275 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lucindia Kemple 2712 Hickor

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hypertension
INTERVAL BETWEEN ONSET AND DEATH Undt.
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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. Uremia

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 445X

22. I hereby certify that I attended the deceased from July 23, 1954, to July 27, 1954, that I last saw the deceased alive on July 27, 1954, and that death occurred at 9:15 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. A. Williams, M.D. 23b. ADDRESS 2601 N. Whittier 23c. DATE SIGNED 7/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE Aug. 1, 1954 24c. NAME OF CEMETERY OR CREMATORY Boyce Cemetery 24d. LOCATION (City, town, or county) (State) McGehee, Ark.

DATE REC'D BY LOCAL REG. JUL 30 1954 REGISTRAR'S SIGNATURE J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ES. J. Watson 2769 Chouteau Ave.

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.....
J. J. Hattin

Licensed Embalmer No. *2696*

P. O. Address *2769 Choctaw*

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.