

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37928**

FILED NOV 29 1954

BIRTH NO. 3496-54 REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 5

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

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give OR Rural (Bedford Twp) TOWN (Bedford Twp) (township))		c. CITY OR TOWN Rural Bedford Twp	
c. LENGTH OF STAY (in this place) 0 Hrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp		STREET ADDRESS (If rural, give location) Residence in Sydnorville	

3. NAME OF DECEASED (Type or Print) a. (First) Russell b. (Middle) Lee c. (Last) Kemp			4. DATE OF DEATH (Month) (Day) (Year) Nov. 23. 1954/		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH Feb. 5, 1954		9. AGE (In years last birthday) 0		10. IF UNDER 1 YEAR 9 MONTHS 18 DAYS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Lincoln Co. Missouri.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Norman Kemp		13b. MOTHER'S MAIDEN NAME Mary Webster		14. NAME OF HUSBAND OR WIFE None	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Norman Kemp, Troy, Missouri	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Pneumonia - Bacterial			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (1) Congenital Heart Lesion			
		DUE TO (c)			
		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		20. AUTOPSY? 7544 YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. Church (Degree or title)		23b. ADDRESS Troy, Mo		23c. DATE SIGNED 11/24/54	
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24a. BURIAL (CREMATION, REMOVAL) (Specify) Burial		24b. DATE 11/24/54		24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery	
				24d. LOCATION (City, town, or county) (State) Troy, Missouri	

DATE REC'D BY LOCAL REG. 11-24-54		REGISTRAR'S SIGNATURE Emma B. Riddle /62		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper Funeral Home Troy, Missouri.	
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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.....

Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Miss

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.