S. No. 300
V. 10.48

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 788

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5447 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Howard Twp
c. LENGTH OF STAY (In this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Howard Twp
d. STREET ADDRESS (If rural, give location): 0380

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle): Lee
c. (Last): Kemper

4. DATE OF DEATH (Month) (Day) (Year): Jan 10 1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar 27-1894
9. AGE (In years last birthday): 60
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): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Elchra Kemper
13b. MOTHER'S MAIDEN NAME: Ella Jones
14. NAME OF HUSBAND OR WIFE: Myrtle Kemper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Myrtle Kemper
ADDRESS: Denver Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 1 yr
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: 4201
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 10, 1955, *to* Jan 10, 1955, *that I last saw the deceased alive on* Jan 10, 1955, *and that death occurred at* 9:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles N. Williamson (Degree or title) D.O.
23b. ADDRESS: Gentry Mo
23c. DATE SIGNED: 1-16-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 12-1955
24c. NAME OF CEMETERY OR CREMATORY: Miller Cemetery
24d. LOCATION (City, town, or county) (State): Denver Mo

DATE REC'D BY LOCAL REG.: Jan 16-5-5-
REGISTRAR'S SIGNATURE: Maude Williams +62
25. FUNERAL DIRECTOR'S SIGNATURE: R A Brown
ADDRESS: Denver Mo

(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 John Andrews, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City Mo

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.