

300
48

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30358

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 252

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township): <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township): <u>Sedalia</u>	
c. LENGTH OF STAY (In this place): <u>Life</u>		d. STREET ADDRESS (If rural, give location): <u>208 So. Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Bothwell Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>HALL</u> c. (Last) <u>Kemp</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 22 1955</u>
---	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>July 4 1974</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
--------------------	-------------------------------	--	--	---	---------------------------	-------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>concrete</u>	11. BIRTHPLACE (State or foreign country) <u>Pettis Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	--	--

13a. FATHER'S NAME <u>Padfield Nicholas Kemp</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Steele</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Elizabeth Kemp</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OF NAME <u>Mrs Hannah Anderson</u>	ADDRESS <u>Sedalia</u>
---	--	---	---------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Occlusion</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterol sclerosis</u> DUE TO (c) <u>4201</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Prostatic hypertrophy with urinary retention; senility</u>			

19a. DATE OF OPERATION <u>****</u>	19b. MAJOR FINDINGS OF OPERATION <u>*****</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>***</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>*****</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>*****</u>
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>****</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>****</u>
---	--	---

22. I hereby certify that I attended the deceased from 6 Aug 1955 to 22 Sept 1955, that I last saw the deceased alive on 22 Sept 1955, and that death occurred at 1:50 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Glenn A. Walker, D.O.</u>	23b. ADDRESS <u>Sedalia, Missouri</u>	23c. DATE SIGNED <u>9/23/55</u>
--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-24-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>9-24-55</u>	REGISTRAR'S SIGNATURE <u>Joan County Register</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>	ADDRESS <u>Sedalia</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
Student Embalmer

Signed

James R. Ashen

Licensed Embalmer No. *4930*

P. O. Address *Sedalia, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.