

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32616

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 320

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. LENGTH OF STAY (in this place) 20 years		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Still Osteopathic Hosp			
e. STREET ADDRESS (If rural, give location) 1010 Marshall Street			

3. NAME OF DECEASED (Type or Print) a. (First) JULIA b. (Middle) ANNA c. (Last) KEMP			4. DATE OF DEATH (Month) (Day) (Year) Nov 8th 1955		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH June 16th 1885		9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR Months 5 Days 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Pike County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Edward Clare		13b. MOTHER'S MAIDEN NAME Julia Ann Brown		14. NAME OF HUSBAND OR WIFE Roy Kemp	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Anna Mae Turner	
				ADDRESS 1010 Marshall St	

18. CAUSE OF DEATH (For only one cause per line for (a), (b), and (c))		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Anoxia			INTERVAL BETWEEN ONSET AND DEATH 5 hrs	
2. ANTECEDENT CAUSES		DUE TO (b) Cardiac Arrest				
3. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) Fractured L. Hip				
19a. DATE OF OPERATION 11/8/55		19b. MAJOR FINDINGS OF OPERATION Interochanteric Fr. L. Hip			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson City 21 Cole Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 3-1955 7A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell on slick floor	

22. I hereby certify that I attended the deceased from 11/3, 1955, to 11/8, 1955 that I last saw the deceased alive on 11/8/55, 1955, and that death occurred at 6:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. A. Michael		23b. ADDRESS Jefferson City		23c. DATE SIGNED 11/8/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 11 '55		24c. NAME OF CEMETERY OR CREMATORY Longview Cemetery	
				24d. LOCATION (City, town, or county) (State) Jefferson City, Missouri	

DATE REC'D BY LOCAL REG. 12 Nov 1955		REGISTRAR'S SIGNATURE R. F. Davis		25. FUNERAL DIRECTOR'S SIGNATURE Roberson Sew. James	
--------------------------------------	--	-----------------------------------	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

cause by all

NOV 28 1955

NOV 21 1955

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.....


Donald P. Freeman
Licensed Embalmer No...4623

P. O. Address Jefferson...
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.