

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34085

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 41

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>MISSISSIPPI</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>MISSOURI</b> |  | b. COUNTY<br><b>MISSISSIPPI</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>EAST PRAIRIE Mo.</b> |  | c. LENGTH OF STAY (in this place)<br><b>60 years</b>   |  | c. CITY OR TOWN<br><b>EAST PRAIRIE Mo.</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>EAST PRAIRIE M. GEN. HOSP.</b>                                  |  | e. STREET ADDRESS<br><b>EAST PRAIRIE Mo. 0671</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |

|  |                              |                          |                        |                    |                       |
|--|------------------------------|--------------------------|------------------------|--------------------|-----------------------|
| 3. NAME OF DECEASED<br>(Type or Print) |                              |                          | 4. DATE OF DEATH       |                    |                       |
| a. (First)<br><b>John</b>              | b. (Middle)<br><b>SHELBY</b> | c. (Last)<br><b>KEMP</b> | (Month)<br><b>OCT.</b> | (Day)<br><b>31</b> | (Year)<br><b>1955</b> |

|                       |                                  |  |   |  |                                   |                                   |
|-----------------------|----------------------------------|--|---|--|-----------------------------------|-----------------------------------|
| 5. SEX<br><b>MALE</b> | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b> | 8. DATE OF BIRTH<br><b>APRIL 13, 1874</b> | 9. AGE (In years last birthday)<br><b>81</b> | IF UNDER 1 YEAR<br>Months<br>Days | IF UNDER 24 HRS.<br>Hours<br>Min. |
|-----------------------|----------------------------------|--|---|--|-----------------------------------|-----------------------------------|

|  |  |  |   |
|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>FARMER</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>FARMER</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>SHADY GROVE KY.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|--|--|--|---|

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME<br><b>WILLIAM KEMP</b> | 13b. MOTHER'S MAIDEN NAME<br><b>UNKNOWN</b> | 14. NAME OF HUSBAND OR WIFE<br><b>LILLIAN KEMP</b> |
|---|---|--|

|  |                         |  |                                  |
|--|-------------------------|--|----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>UNKNOWN</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME<br><b>LILLIAN KEMP</b> | ADDRESS<br><b>E. PRAIRIE Mo.</b> |
|--|-------------------------|--|----------------------------------|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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 |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerosis</b><br>DUE TO (c) <b>4221</b> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Senility</b>  |   |  |                                  |

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

|  |  |   |
|--|--|---|
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from **Sept 1953**, to **OCT 30, 1955**, that I last saw the deceased alive on **OCT 30, 1955**, and that death occurred at **4:28 P.M.**, from the causes and on the date stated above.

|   |   |                                    |
|---|---|------------------------------------|
| 23a. SIGNATURE<br><b>Ernest Hemphill M.D.</b> | 23b. ADDRESS<br><b>East Prairie Mo.</b> | 23c. DATE SIGNED<br><b>11-5-55</b> |
|---|---|------------------------------------|

|  |                                 |  |  |
|--|---------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 24b. DATE<br><b>Nov 2, 1955</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>W.O.W. CEMETERY</b> | 24d. LOCATION (City, town, or county) (State)<br><b>EAST PRAIRIE Mo. Mo.</b> |
|--|---------------------------------|--|--|

|  |  |      |  |                                    |
|--|--|------|--|------------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>11-9-55</b> | REGISTRAR'S SIGNATURE<br><b>Gertrude J. Harper</b> | 1970 | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Walter Shelby</b> | ADDRESS<br><b>East Prairie Mo.</b> |
|--|--|------|--|------------------------------------|

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

671

NOV 10 REC'D  
RECEIVED  
Miss. Co. Health De  
County File ~~NOV 10~~  
Date Filed ~~NOV 10~~

NOV 15 1961

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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 *Travis Shelby Jr.*

Licensed Embalmer No. *494*

P. O. Address *East Pra*

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.