

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39707

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1295

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Taylor</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>		c. CITY OR TOWN <u>Bedford</u>		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 <u>Missouri Methodist Hosp</u>				f. STREET ADDRESS (If rural, give location) <u>501 Oakland St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hamilton</u> b. (Middle) <u>LAMONTE</u> c. (Last) <u>Kemery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 3-1955</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 19-1878</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>W^m Kemery</u>			13b. MOTHER'S MAIDEN NAME <u>Kattie Leighton</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Kemery</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Kemery</u> ADDRESS <u>Bedford Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>						<u>48 hrs</u>
	ANTECEDENT CAUSES		DUE TO (b) <u>Benign prostatic hypertrophy</u>				<u>2 yrs</u>
			DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS		<u>610X</u>				
			Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION <u>11-30-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Benign prostatic hypertrophy</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 <u>11-30</u> , 19 <u>55</u> , to <u>12-3</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-3</u> , 19 <u>55</u> , and that death occurred at <u>6:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edith P. Brown M.D.</u>				23b. ADDRESS <u>St Joseph Mo</u>		23c. DATE SIGNED <u>12-5-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Normal</u>		24b. DATE <u>12-3-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bedford Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Bedford Mo</u>		
DATE REC'D BY LOCAL REG. <u>Dec 14, 1955</u>		REGISTRAR'S SIGNATURE <u>Leather W. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Melton</u>		ADDRESS <u>Bedford Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. President

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not}embalmed by me, ~~or~~ by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Frank M. [Signature]

Licensed Embalmer No. *451*

P. O. Address *Beaufort*

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.