

FILED JAN 30 1956

STANDARD CERTIFICATE OF DEATH

State File No. 2149

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 61	
1. PLACE OF DEATH a. COUNTY Nodaway County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville Missouri		c. LENGTH OF STAY (In this place) 3-days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sheridan Missouri			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) nine			
3. NAME OF DECEASED (Type or Print) a. (First) Lynn b. (Middle) Wood c. (Last) Kemery			4. DATE OF DEATH (Month) (Day) (Year) January-16-1956				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH January-20-1885	
9. AGE (In years last birthday) 72		10. MONTHS II		11. DAYS 16		12. IF UNDER 1 YEAR Hours IF UNDER 15 MIN. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farmer		11. BIRTHPLACE (City and State or Foreign Country) Taylor County Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Kemery			13b. MOTHER'S MAIDEN NAME Kitty Layton			14. NAME OF HUSBAND OR WIFE Mary Elizebeth Kemery	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Elizebeth Kemery Sheridan 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lip with metastasis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 140x					INTERVAL BETWEEN ONSET AND DEATH 1yr
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? 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) 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 19 50 to Jan 16, 1956, that I last saw the deceased alive on Jan 15, 1956, and that death occurred at 5p m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank B. Mattison MD				23b. ADDRESS Grant City, Mo		23c. DATE SIGNED 2-17-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 18 - 1956	24c. NAME OF CEMETERY OR CREMATORY Brethern Cemetery		24d. LOCATION (City, town, or county) (State) Sheridan Missouri		
DATE REC'D BY LOCAL REG. 1-28-56		REGISTRAR'S SIGNATURE Vess Holt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Andrews Grant City Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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.