

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8050**

BIRTH NO. _____		REG. DIST. NO. 38	PRIMARY REG. DIST. NO. 3006	Registrar's No. 112
1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Columbia	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 Rector Nursing Home		e. STREET ADDRESS (If rural, give location) Rector Nursing Home		
3. NAME OF DECEASED (Type or Print)		a. (First) NEWTON	b. (Middle)	c. (Last) KEMPER
4. DATE OF DEATH March 21, 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 6, 1873	9. AGE (In years) last birthday 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Boone County, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME T.T.S. Kemper		13b. MOTHER'S MAIDEN NAME Sallie Bratton	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME George Kemper, Columbia, Missouri.	
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) Hypertensive Cardiovascular Disease ANTECEDENT CAUSES terminal coronary occlusion, massive 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.		INTERVAL BETWEEN ONSET AND DEATH 10 yrs 42 hr
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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 1-4, 1956 , to 3-21, 1956 , that I last saw the deceased alive on 3-21, 1956 , and that death occurred at 2:15 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) James A. Atkins MD		23b. ADDRESS 570a Cherry, Columbia, Mo	23c. DATE SIGNED 3/21/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-23-1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Missouri.	
DATE REC'D BY LOCAL REG. Mar 23 1956		REGISTRAR'S SIGNATURE Mrs R E Palmer	FUNERAL DIRECTOR'S SIGNATURE Carver Funeral Service Columbia Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 5 1957

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 Roger James....., Student Embalmer No. 531..... working under my personal supervision..

Student Roger James.....
Signature of Student Embalmer

Signed Tom M. Harg.....

Licensed Embalmer No. 406.....

P. O. Address Columb.....

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.