

FILED APR 12 1956

## STANDARD CERTIFICATE OF DEATH

State File No. **10348**BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 122

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Francois</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Francois Twp.</u> ) |  | c. CITY OR TOWN <u>Fredericktown</u>  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>11 days</u>  |  | e. STREET ADDRESS (If rural, give location) <u>502 Collier</u>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>                  |  |   |   |

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|--|-------------------------------|--|--|--|
| 3. NAME OF DECEASED (Type or Print)  | a. (First) <u>MARY</u>        | b. (Middle) <u>VIOLA</u>   | c. (Last) <u>KEMP</u>  | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 1, 1956</u> |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>Nov. 7, 1908</u>                                     | 9. AGE (In years last birthday) <u>47</u>                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY                                      | 11. BIRTHPLACE (City and State or Foreign Country) <u>Zion, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                 |

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <u>James Kemp</u>   | 13b. MOTHER'S MAIDEN NAME <u>Eliza Gipson</u> | 14. NAME OF HUSBAND OR WIFE <u>Lex Jones</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u>        | 17. INFORMANT'S SIGNATURE OR NAME <u>Records, State Hospital No. 4, Farmington, 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>Uremia</u>   | - - - - - at least   |  | <u>11 das.</u>                   |
| ANTECEDENT CAUSES  | DUE TO (b) <u>Nephrosclerosis</u>                                  |  | <u>Unknown.</u>                  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | DUE TO (c) <u>Malignant hypertension</u>                           |  | <u>Unknown.</u>                  |
| II. OTHER SIGNIFICANT CONDITIONS   | <u>Acute brain syndrome associated with metabolic disturbance.</u> |  |                                  |

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|--|--|--|
| 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) (Min.) | 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 March 21, 1956, to April 1, 1956, that I last saw the deceased alive on April 1, 1956, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

|   |   |   |
|---|---|---|
| 23a. SIGNATURE (Degree or title) <u>J. A. Brennan, M.D.</u>                   | 23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo. 4-1-56</u>                      | 23c. DATE SIGNED  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                       | 24b. DATE <u>4-4-56</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Barber Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Madison County, Missouri</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Adamsen-Webb Funeral Home, Fredericktown, Mo.</u> |   |
| DATE REC'D BY LOCAL REG. <u>Apr. 1, 1956</u>                                  | REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>   |   |

(Licensed Embalmer's Statement on Reverse Side)

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

**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 *F. Adamson* \_\_\_\_\_

Licensed Embalmer No. 4

P. O. Address 1-72 E. 5th St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.