

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23389

State File No.

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 706	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Dade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lockwood		d. STREET ADDRESS (If rural, give location) Rural. 0290	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital				4. DATE OF DEATH (Month) (Day) (Year) July 31, 1956			
3. NAME OF DECEASED (Type or Print) a. (First) Bertha		b. (Middle)		c. (Last) Kemp.		5. SEX Female	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 29, 1888		9. AGE (In years last birthday) 68 If under 1 year: Months _____ Days _____ If under 1 mo. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HWY. E.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Nebraska		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Adolph Streitwieser		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Max Henry Kemp.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Robert H Kemp, son, Lockwood Mo. ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT X SUICIDE HOMICIDE (Specify) Auto		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy. #97		21c. (CITY, TOWN, OR TOWNSHIP) 055 (COUNTY) (STATE) Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7/31/56 8:30A.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto accident			
22. I hereby certify that I attended the deceased from 7-31, 1956 , to 7-31, 1956 , that I last saw the deceased alive on 7-31, 1956 , and that death occurred at 10:32 m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wesley Reed, Coroner				23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 8-3-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal.		24b. DATE 8-3-1956		24c. NAME OF CEMETERY OR CREMATORY Red Oak LaRussell Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 8-3-56		REGISTRAR'S SIGNATURE Janice Williams		25. FUNERAL DIRECTOR'S SIGNATURE Morris Lemmon Miller ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

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WEST VIRGINIA

DEPARTMENT OF HEALTH

STATEMENT BY LICENSED EMBALMER

1920

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student _____
Student Embalmer

Signed E. R. Feinson

Licensed Embalmer No. 3297

P. O. Address Millen W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.