

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34755

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 996 PRIMARY REG. DIST. NO. 5752 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN <u>TWELVE MILE TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TWELVE MILE TOWNSHIP</u>	
c. LENGTH OF STAY (In this place) <u>65 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>20 M. S.W. of FREDERICKTOWN</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>20 M. S.W. of FREDERICKTOWN</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GUSSIE</u> b. (Middle) <u>ABEGAIL</u> c. (Last) <u>KEMP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 17, 1956</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>JUNE 1, 1891</u>		9. AGE (In years last birthday) <u>65</u>		F UNDER 1 YEAR Months   Days		F UNDER 4 HRS. Hours   Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE - POSTMISTRESS - SAGO, MO.</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>MADISON COUNTY, MO.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>JEFFERSON SPAIN</u>			13b. MOTHER'S MAIDEN NAME <u>NIGARA LEWALLEN</u>			14. NAME OF HUSBAND OR WIFE <u>GEO. L. KEMP (DECEASED)</u>		
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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>498-24-1668</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DELBERT KEMP - SAGO, MO.</u>		ADDRESS	
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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) <u>Obstruction of bowel</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of stomach</u> DUE TO (c) <u>with metatasis etc</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Operated on Feb 14 54 returned and metastasized</u>		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 year, 19  , to Oct 17, 1956, that I last saw the deceased alive on Oct 6, 1956, and that death occurred at 2:00 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. Laughter</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>135 W. Main, Fredericktown</u>		23c. DATE SIGNED <u>10/18/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 18, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SAGO CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>10-22-1956</u>		REGISTRAR'S SIGNATURE <u>Frederick Hicks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Adkinson</u>		ADDRESS <u>FREDERICKTOWN, MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

LADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.

RECEIVED  
OCT 29 1956

FILE No. 1056-48

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown 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.