

FILED FEB 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

474

STATE FILE NUMBER

44436-56 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		c. CITY OR TOWN Williamsburg 0140	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Mem. Hosp.		d. STREET ADDRESS RFD Williamsburg	
Length of stay in hosp. 10 hrs		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Shirley Lynn Kemp			4. DATE OF DEATH Month Day Year Feb. 5, 1957		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 30/1956	9. AGE (In years last birthday) 6 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil		10b. KIND OF BUSINESS OR INDUSTRY nil	11. BIRTHPLACE (City and state or country) Fulton Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Clifford Kemp			14. MOTHER'S MAIDEN NAME Gladys Beard		
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. no	17. INFORMANT Gladys Kemp Address Williamsburg Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration (Vomitus) Asphyxiation		INTERVAL BETWEEN ONSET AND DEATH Spontaneous
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute gastro-entero colitis		3 days.
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 5710		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour- Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 31, 1957, to Feb. 5, 1957, and last saw her alive on Feb. 5, 1957. Death occurred at Feb. 5, 1957 12:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lloyd E. Hutchins, M.D.	22b. ADDRESS Fulton, Missouri	22c. DATE SIGNED 2/6/1957
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/7/57	23c. NAME OF CEMETERY OR CREMATORY Whetstone
23d. LOCATION (City, town, or county) Callaway County Mo.		(State)
24. FUNERAL DIRECTOR Mausin	ADDRESS Fulton Mo	25. DATE RECD. BY LOCAL REG. Feb. 9-1957
26. REGISTRAR'S SIGNATURE Marjette Lawrence		

(Licensed Embalmer's Statement on Reverse Side)

300  
1-56

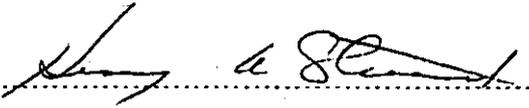
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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  .....,  
Licensed Embalmer No. 37

P. O. Address  .....

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.