

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **659**

FILED FEB 5 1957

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Clinton	
b. CITY OR TOWN Cameron		c. CITY OR TOWN Cameron	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clifford 621 N Meade		e. STREET ADDRESS (If rural, give location) 621 N Meade 025/0	
3. NAME OF DECEASED (Type or Print) a. (First) Clifford b. (Middle) John c. (Last) Kemper Sr.		4. DATE OF DEATH (Month) (Day) (Year) 1 27 57	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 21-1889
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wool dealer		9b. KIND OF BUSINESS OR INDUSTRY Retail	9c. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wool dealer		10b. KIND OF BUSINESS OR INDUSTRY Retail	10c. BIRTHPLACE (City and State or Foreign Country) Caldwell Co
11a. FATHER'S NAME A M Kemper		11b. MOTHER'S MAIDEN NAME Alma Ewing	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		12b. SOCIAL SECURITY NO. 500-36-2308	
13. CAUSE OF DEATH		14. NAME OF HUSBAND OR WIFE Erna Kemper	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 500-36-2308	
17. INFORMANT'S SIGNATURE OR NAME Amy Kemper		18. ADDRESS Cameron	

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) Accident		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*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) asphyxiation neck caught between automobile door and a building		
		DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cameron, Clinton, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 27, 1957	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:40** a.m., from the causes and on the date stated above.

23a. SIGNATURE A. H. Tompkins D.D.	23b. ADDRESS Cameron Mo	23c. DATE SIGNED 1-27-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-29-57	24c. NAME OF CEMETERY OR CREMATORY Evergreen	24d. LOCATION (City, town, or county) (State) Cameron Mo
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DATE REC'D BY LOCAL REG. 1-28-57	REGISTRAR'S SIGNATURE Francis D Crawford	FEDERAL DIRECTOR'S SIGNATURE Coland Fernald	ADDRESS St Louis, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS AUG 11 1959

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..... *Robert F. Polonsky*

Licensed Embalmer No. *477*
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P. O. Address..... *Baltimore*

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.