

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1957

State File No. 1714

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JEFF	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DE SOTO		c. LENGTH OF STAY (in this place) YRS	c. CITY OR TOWN DE SOTO
d. FULL NAME OF HOSPITAL OR INSTITUTION 12 W. Clement		e. STREET ADDRESS (If rural, give location) 12 W. Clement St	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) FREDERICK c. (Last) KEMPE			4. DATE OF DEATH (Month) (Day) (Year) JAN 1 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH NOV 20 1879	9. AGE (In years last birthday) 77	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 HRS. Hours	12. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Blacksmithing		11. BIRTHPLACE (City and State or Foreign Country) DE SOTO MO		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13a. FATHER'S NAME HENRY KEMPE		13b. MOTHER'S MAIDEN NAME LOUISA WATHERS		14. NAME OF HUSBAND OR WIFE FLORENCE KEMPE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS MILDRED MAHN De Soto, Mo			
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension Essential 10 years. DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH. 1 day.	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Dec 31, 1956, to Jan 1, 1957, that I last saw the deceased alive on Jan 1, 1957, and that death occurred at 6 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George Johnson MD		23b. ADDRESS De Soto, Mo		23c. DATE SIGNED 1-2-57	
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24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Burial	24b. DATE JAN 3 1957	24c. NAME OF CEMETERY OR CREMATORY WOOD LAWN	24d. LOCATION (City, town, or county) (State) DE SOTO MO
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DATE REC'D BY LOCAL REG. 1-2-57	REGISTRAR'S SIGNATURE Marie Harris	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS MAHN Funeral Home De Soto, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 5 1957

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. 497

P. O. Address.....

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.