FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1980

STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Madison	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Fredericktown 062 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 415 N. Mine LaMott — Length of stay in 1b 50 yrs.	d. STREET ADDRESS (If outside, give location) 415 N. Mine LaMott — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Harold	Middle: B.	Last: Kemp	4. DATE OF DEATH Month Day Year: January 15, 1957	
5. SEX: Male 2	6. COLOR OR RACE: Colored	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: October 17, 1904	9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (City and state or country): Madison County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Frank Kemp		14. MOTHER'S MAIDEN NAME: Edna Casey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Frank Kemp	Address: Fredericktown, Missouri	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: immediate death

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) arteriosclerosis — 2 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 March 24, 1955 to Dec 31, 1956 and last saw ~~her~~ him alive on Dec 31, 1956

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kenneth P. Lubrado	22b. ADDRESS: Fredericktown, Mo	22c. DATE SIGNED: 1-16-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1-19-57	23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
23d. LOCATION (City, town, or county) (State): Fredericktown, Missouri		
24. FUNERAL DIRECTOR: Najim Funeral Home	ADDRESS: Fredericktown, Mo.	25. DATE RECD. BY LOCAL REG.: 1-16-1957
26. REGISTRAR'S SIGNATURE: Florence Hicks		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must be casually related. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

87-0

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
JAN 21 1957

FILE No. 157-8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, ~~[illegible]~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Lawrence O. Gerling

Licensed Embalmer No. 4

P. O. Address Fredericktc

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.