

FILED FEB 18 1957

STANDARD CERTIFICATE OF DEATH

State File No. **5844**BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly, Missouri		c. LENGTH OF STAY (In institution) 1 year	c. CITY OR TOWN Woodlawn 0690
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS rural		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Grace	b. (Middle) D	c. (Last) Kemp	4. DATE OF DEATH (Month) 2 (Day) 10 (Year) 57
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2/10/57	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home-making	11. BIRTHPLACE (City and State or Foreign Country) Leesburg Monroe Co Mo	12. CITIZEN OF WHAT COUNTRY? US A
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13a. FATHER'S NAME William E Walker	13b. MOTHER'S MAIDEN NAME Elma Burnsworth	14. NAME OF HUSBAND OR WIFE Ira Kemp
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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 Mrs. Elma Dossey	ADDRESS Moberly, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) paralytic illness		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cholecystitis with cholelithiasis		
	DUE TO (c) Diabetes Mellitus		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus			10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 **2/7/57**, 19___, to **2/10/57**, 19___, that I last saw the deceased alive on **2/10/57**, 19___, and that death occurred at **4:00 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert Harrison M.D.	23b. ADDRESS 1215 W. Mrs. Moberly, Mo	23c. DATE SIGNED 2/13/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/12/57	24c. NAME OF CEMETERY OR CREMATORY Phillips Cemetery	24d. LOCATION (City, town, or county) (State) Leesburg
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DATE REC'D BY LOCAL REG. 2/12/57	REGISTRAR'S SIGNATURE Leah Louise	FUNERAL DIRECTOR'S SIGNATURE Fred A. Thompson	ADDRESS Moberly, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

2690

VS OCT 24 1960

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 *Mar. Fred G. Kennedy*

Licensed Embalmer No. *328*

P. O. Address *Muskegon*

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.