

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 27500
State File No.

FILED AUG 19 1957

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 264

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| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> | | b. COUNTY <u>Boone</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> | | c. CITY OR TOWN <u>Columbia</u> | | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (in this place) <u>life</u> | | e. STREET ADDRESS (If rural, give location) <u>816 Benzoline</u> | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Booner County Rest. Home</u> | | | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Price</u> c. (Last) <u>Kemner</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 18 57</u> | | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | |
| 8. DATE OF BIRTH <u>June 20 1861</u> | | 9. AGE (In years last birthday) <u>96</u> | | 10. UNDER 1 YEAR Months _____ Days _____ | |
| 11. UNDER 1 YEAR Hours _____ Min. _____ | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13. UNDER 1 YEAR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Audrain County, Mo.</u> | |
| 13a. FATHER'S NAME <u>Thomas Hawkins</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ann Taylor</u> | | 14. NAME OF HUSBAND OR WIFE <u>Burnham Kemner (dec.)</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. W. Hawkins</u> ADDRESS <u>Sturgeon, Mo.</u> | |

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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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Terminal</u> DUE TO (c) <u>Fracture Hip</u> | | | | <u>1 1/2 hrs</u> | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9040</u> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>21</u> | | | | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |

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|--|--|---|---|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Columbia Boone Mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1956 3</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Fell in home</u> <u>118</u> | |
| 22. I hereby certify that I attended the deceased from <u>Apr - 1956</u> , to <u>July - 18, 1957</u> , that I last saw the deceased alive on <u>July 12, 1957</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>F. C. Suggitt M.D.</u> (Degree or title) | | | 23b. ADDRESS <u>Columbia Mo.</u> | | 23c. DATE SIGNED <u>July 19-57</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>July 21, 1957</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u> |

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|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>July 20 1957</u> | | REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Anna Shadle</u> ADDRESS <u>Columbia Mo.</u> | |
|--|--|---|--|---|--|

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

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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 *Leonard Spunkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, Pa.*

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.