

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31446  
STATE FILE NUMBER

FILED OCT 7 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 949

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Springfield</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Springfield</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>516 W. Division</b>		Length of stay in 1b <b>57 years</b>	d. STREET ADDRESS (If outside, give location) <b>516 W. Division</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>Oswald Frederick Kemm</b>	First <b>Oswald</b> Middle <b>Frederick</b> Last <b>Kemm</b>	4. DATE OF DEATH <b>October 1, 1957</b>	Month <b>October</b> Day <b>1</b> Year <b>1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 4, 1884</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>27</b>	IF UNDER 24 HRS. Hours <b>27</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad Frisco Clerk</b>	11. BIRTHPLACE (City and state or country) <b>Slinger, Wisconsin</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13. FATHER'S NAME <b>Karl William Kemm</b>	14. MOTHER'S MAIDEN NAME <b>Mary Schmidt</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs. Vivian Kemm</b>	Address <b>Springfield, Mo</b>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>45 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerotic heart disease</b>	<b>11 yrs</b>
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <b>8:30</b> Month <b>10</b> Day <b>1</b> Year <b>1957</b> a. m. <b>p.</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Springfield, Missouri</b> COUNTY <b>Greene</b> STATE <b>Missouri</b>

21. I attended the deceased from **8-16-57** to **10-1-57** and last saw her/him alive on **10-1-57**  
Death occurred at **8:30 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>A. McKinnis M.D.</b> Degree or title <b>M.D.</b>	22b. ADDRESS <b>Springfield, Missouri</b>	22c. DATE SIGNED <b>10/2/57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 6, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Park</b>	23d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>
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24. FUNERAL DIRECTOR <b>Springfield, Missouri</b> ADDRESS <b>Springfield, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>10-2-57</b>	26. REGISTRAR'S SIGNATURE <b>Vivian Kemm</b>
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(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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OCT 10 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 Douglas P. Gorman, Student Embalmer No. 59 working under my personal supervision.

Student Douglas P. Gorman  
Signature of Student Embalmer

Signed Lewis G. Schuyler  
Licensed Embalmer No. 38

P. O. Address Springfield

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.