

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004922  
State File No. ....

FILED FEB 17 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 4144 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pilot Grove</u>		c. LENGTH OF STAY (In this place) <u>5 months</u>	c. CITY OR TOWN <u>Pilot Grove</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0270</u>	

3. NAME OF DECEASED (Type or Print)  
a. (First) HELEN b. (Middle) -FRANCES- c. (Last) -KEMPER 4. DATE OF DEATH (Month) (Day) (Year)  
Feb 9, 1958

5. SEX Fe 6. COLOR OR RACE wh 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
unmarried 8. DATE OF BIRTH April 1, 1881 9. AGE (In years last birthday) Months Days Hours Min.  
76 - - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
housewife 10b. KIND OF BUSINESS OR INDUSTRY same 11. BIRTHPLACE (City and State or Foreign Country)  
St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY?  
U.S.A

13a. FATHER'S NAME Henry Schiette 13b. MOTHER'S MAIDEN NAME Emma Wagner 14. NAME OF HUSBAND OR WIFE  
William Kemper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
no 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME  
Mrs. Harry Duermeier, Pilot Grove, Mo. ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cardiac Decompensation INTERVAL BETWEEN ONSET AND DEATH  
12 hrs

ANTECEDENT CAUSES  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
DUE TO (b) Arteriosclerotic Heart Disease 10 yrs  
DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 5 yrs

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? 2  
YES  NO

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)  
4200

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 12.1, 1957, to 2.9.58, 19\_\_\_\_, that I last saw the deceased alive on 2.9.58, 19\_\_\_\_, and that death occurred at 4:00 P m., from the causes and on the date stated above.

23a. SIGNATURE Vernon D. Friedrich MD (Degree or title)  23b. ADDRESS Pilot Grove, Mo 23c. DATE SIGNED 2.13.58

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb 12, 58 24c. NAME OF CEMETERY OR CREMATORY St. Joseph Ceme 24d. LOCATION (City, town, or county) (State)  
Clifton City, Mo

DATE REC'D BY LOCAL REG. 2/13/58 REGISTRAR'S SIGNATURE D. Hooper 25. FUNERAL DIRECTOR'S SIGNATURE Lays - Paduter, Pilot Grove, Mo ADDRESS \_\_\_\_\_

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

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 *Robert L. Painter*

Licensed Embalmer No. *406*

P. O. Address *Pilot Grove*

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.