THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006825
STATE FILE NUMBER

FILED FEB 24 1959

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY St. Francois	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St.Francois Township — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Morehouse 0720 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hospital #4 — Length of stay in 1b 16Y;4M;11das.	d. STREET ADDRESS (If outside, give location) — Inside Limits Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: MACIE	Middle: EDAL	Last: KEM	4. DATE OF DEATH Month Day Year: Feb. 8, 1959
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Jan. 27, 1910	9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 11, Days 12 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Sikeston, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Arthur Allen Kem	13b. MOTHER'S MAIDEN NAME: Eva Lena Forsythe	14. NAME OF HUSBAND OR WIFE: None		
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 Address: Records, State Hospital No. 4, Farmington, Mo.		

MEDICAL CERTIFICATION

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

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Peritonitis	3wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Fecal fistula	3wks
DUE TO (c)	Carcinoma of the rectum (Abdomino-perineal resection (Ileoneocystostomy for urinary retention)	11-26-58 1-14-59

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Dementia Praecox Psychosis. 154x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 Jan. 5, 1959, to Feb. 8, 1959 and last saw her alive on Feb. 8, 1959. Death occurred at 8:25 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature], M.D.	22b. ADDRESS State Hospital No.4 Farmington, Missouri	22c. DATE SIGNED 2-8-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: Feb.11,1959	23c. NAME OF CEMETERY OR CREMATORY: Garden of Memory	23d. LOCATION (City, town, or county) (State): Sikeston, Missouri
24. FUNERAL DIRECTOR ADDRESS: Albritton Funeral Home, Sikeston, Mo.	25. DATE RECD. BY LOCAL REG.: Feb. 19, 1959	26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed ..Paul K Dugal.....

Licensed Embalmer No. 4120.....

P. O. Address Farmington

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.