URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 8 1959

59–033340
STATE FILE NUMBER

AMENDED

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY Platte
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weston
Length of stay in 1b 70 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Platte
c. CITY OR TOWN Weston
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Edith Middle Last Kemmerer
4. DATE OF DEATH Month Sept. Day 27, Year 1959
5. SEX female
6. COLOR OR RACE white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-26-72
9. AGE (last birthday) 87
IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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) Germany
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Herman Kemmerer
13b. MOTHER'S MAIDEN NAME Minnie Bauersfeld
14. NAME OF HUSBAND OR WIFE
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 Mrs. Hilda Marshall Address Weston, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Exhaustion from Senile Dementia	8 Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary thrombosis	8 Mo
DUE TO (c)	General arteriosclerosis	5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ XXXXXXXXXXX XXXXXXXXXXX
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) XXXXXXXXXXXX
20c. TIME OF INJURY Hour a.m. Month, Day, Year XXXXXXXXXXXXXXXX
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ XXXXXXXXX
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXXXXXXX
20f. CITY, TOWN, OR LOCATION Weston COUNTY Platte STATE Mo

21. I attended the deceased from Feb. 8, 59, to Sept. 26, 59 and last saw her alive on Sept. 26 5
Death occurred at 3,30 AM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leon C. Calvert M.D. (Degree or title)
22b. ADDRESS Weston Mo.
22c. DATE SIGNED 9/29/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-29-1959
23c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery
23d. LOCATION (City, town, or county) (State) Weston, Missouri

24. FUNERAL DIRECTOR Vaughn Funeral Home ADDRESS Weston, Mo.
25. DATE RECD. BY LOCAL REG. Sept 29. 1959
26. REGISTRAR'S SIGNATURE Alpha Rollins

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MAR 29 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Walter R. Vaugh

Licensed Embalmer No. X023

P. O. Address Weston M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.