

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003026

FILED VS FEB 3 1960

Registration District No. 314 Primary Registration District No. 6059 Registrar's No. 6

STATE FILE NUMBER

NDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St Clair</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Clair</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Near Collins mo</u>		Length of stay in 1b <u>6 years</u>		c. CITY OR TOWN <u>Near Collins mo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RR #1</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>WHITFIELD DAVID KEMPER</u>				4. DATE OF DEATH Month Day Year <u>Jan 24 1960</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6/28/1883</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>stock raising</u>		11. BIRTHPLACE (City and state or country) <u>Montrose mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Johnathon Kemper</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Emaline Early</u>			14. NAME OF HUSBAND OR WIFE <u>Ethel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>488-38-5101</u>		17. INFORMANT Address <u>Mrs Whit Kemper RR#1 Collins</u>					
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 <u>few hrs</u>		
IMMEDIATE CAUSE (a) <u>probably cerebral hemorrhage</u>			DUE TO (b) <u>judged from symptoms</u>						
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>given by neighbors and friends</u>			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"/>	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 Month, Day, Year a.m. p.m.									
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		COUNTY		STATE	
21. I attended the deceased from <u>2:12</u> to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Paul Seavers M.D. Local Reg.</u>				22b. ADDRESS <u>Osceola Mo</u>			22c. DATE SIGNED <u>1-25-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/27/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Elm</u>			23d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>			
24. FUNERAL DIRECTOR <u>Consensus Clinton Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-25-60</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Seavers</u>					

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. E. Loma

Licensed Embalmer No. 189

P. O. Address Clinton

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.