

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031383

FILED VS SEP 13 1960

211

Primary Registration District No. 4324

Registrar's No. 27-60

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Miller</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Elizabeth</b>	Length of stay in lb <b>Life</b>	c. CITY OR TOWN <b>St. Elizabeth</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>Residence</b>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Maude</b> Middle Last <b>Kemna</b>	4. DATE OF DEATH Month <b>Sept.</b> Day <b>5</b> Year <b>1960</b>
--	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 5 1886</b>	9. AGE (last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
----------------------	-------------------------------	---	-------------------------------------	----------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Tuscumbia, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
---	-----------------------------------	---	--

13a. FATHER'S NAME <b>Wesley Rhoades</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Nixdorf</b>	14. NAME OF HUSBAND OR WIFE <b>Benard Kemna</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Anton Kemna Meta, Missouri</b>
---	--	--

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>Cerebral Apoplexy</b>	INTERVAL BETWEEN ONSET AND DEATH <b>36 hr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arterio Sclerotic Vascular Disease</b>	<b>several years</b>
DUE TO (c) <b>Hypertension</b>	

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

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 a.m. p.m. Month, Day, Year	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 <b>1956</b> , to _____ and last saw her/him alive on <b>Sept. 5, 1960</b> Death occurred at <b>8:50 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE (Degree or title) <b>M. E. Humphrey D.O.</b>	22b. ADDRESS <b>Tuscumbia, Mo.</b>	22c. DATE SIGNED <b>9-9-60</b>
--	---------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-8-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Lawrence Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Elizabeth, Missouri</b>
--	------------------------------	--	---

24. FUNERAL DIRECTOR ADDRESS <b>Humphrey Funeral Home Meta, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Sept. 10, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. D. E. Kallenbach</b>
--	---	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 4 = 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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

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

Signed J. A. Humphrey

Licensed Embalmer No. 4772  
P. O. Address Merida, N

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.