

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037847

FILED VS OCT 28 1960

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 5308 Registrar's No. 11

|                                                                                                      |  |                                                                                                                                                         |  |
|------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>COLE</u>                                                           |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> COUNTY <u>COLE</u>                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>R R # 1 HENLEY MO</u>        |  | c. CITY OR TOWN <u>HENLEY</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>CLARK TOWNSHIP</u> |  | d. STREET ADDRESS (If outside, give location) <u>CLARK TOWNSHIP.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |

|                                                                                                                       |                                  |                                                                                                                                                             |                                                                      |                                                                    |                                                          |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------|
| 3. NAME OF DECEASED (Type or print)<br>First <u>LEO</u> Middle <u>ALBERT</u> Last <u>KEMPKER</u>                      |                                  |                                                                                                                                                             | 4. DATE OF DEATH<br>Month <u>OCT.</u> Day <u>21</u> Year <u>1960</u> |                                                                    |                                                          |
| 5. SEX<br><u>Male</u>                                                                                                 | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>10/13/98</u>                                  | 9. AGE (last birthday)<br><u>67</u>                                | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>          |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Marys Home, Mo.</u>                                                                                                 |                                                                      | 11. BIRTHPLACE (City and state or country)<br><u>USA</u>           |                                                          |
| 13a. FATHER'S NAME<br><u>Herman Kempker</u>                                                                           |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Anna Weavers</u>                                                                                                            |                                                                      | 14. NAME OF HUSBAND OR WIFE<br><u>None</u>                         |                                                          |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> |                                  | 16. SOCIAL SECURITY NO.<br><u>None</u>                                                                                                                      |                                                                      | 17. INFORMANT Address<br><u>Mrs. Adeline Templeton Henley, Mo.</u> |                                                          |

|                                                                                                                                                                    |  |  |                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                                                           |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 1/2</u><br><u>1 1/2</u>                                                                                                     |
| IMMEDIATE CAUSE (a) <u>Neuroplagia</u>                                                                                                                             |  |  |                                                                                                                                                                      |
| DUE TO (b) <u>cerebral hemorrhage</u>                                                                                                                              |  |  |                                                                                                                                                                      |
| DUE TO (c) <u>Anterior clemosis ganglion</u>                                                                                                                       |  |  | <u>years</u>                                                                                                                                                         |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Arthritis Hypertension</u> |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|                                                                                                   |                                                                                                           |                                                                                              |                                           |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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 1960 to Oct 1960 and last saw her alive on Oct 15 1960  
Death occurred at Oct 21 - 1960 m on the date stated above, and to the best of my knowledge, from the causes stated.

|                                                                |                              |                                                                    |                                                                      |                                        |
|----------------------------------------------------------------|------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>William A. Cox M.D.</u> |                              | 22b. ADDRESS<br><u>Jefferson City Mo</u>                           |                                                                      | 22c. DATE SIGNED<br><u>Oct 23 1960</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>     | 23b. DATE<br><u>10/24/60</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Our Lady of the Snows</u> | 23d. LOCATION (City, town, or county)<br><u>Marys Home, Mo.</u>      |                                        |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Stephen Delle J.C. Mo</u>   |                              | 25. DATE RECD. BY LOCAL REG.<br><u>24 October 1960</u>             | 26. REGISTRAR'S SIGNATURE<br><u>RP Harris, Mo - T. Richter, Dep.</u> |                                        |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_  
*Signature of Licensed Embalmer*

Licensed Embalmer No. 432

P. O. Address Jaffrow

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