URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-039350

STATE FILE NUMBER

FILED VS OCT 20 1960

NDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 250

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Length of stay in 1b: 18 dys
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whitaker Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Moberly — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1507 Huntsville — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: IRA Middle: DOUGLAS Last: KEMP
4. DATE OF DEATH Month: Oct. Day: 13, Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 6-1-1887
9. AGE (last birthday): 73 — 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): Farm
10b. KIND OF BUSINESS OR INDUSTRY: Grain& Livestock
11. BIRTHPLACE (City and state or country): Shelby Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Silas Kemp
13b. MOTHER'S MAIDEN NAME: Minnie Lowery
14. NAME OF HUSBAND OR WIFE: ----------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. #1
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Edgar Dossey Address: Moberly, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Medullary Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Thrombotic Encephalomalacia
DUE TO (c) Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH
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 [ ]
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 9/24/60, to 10/13/60 and last saw her/him alive on 10/13/60
Death occurred at 1:15 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Gladys Meals (Degree or title) DO
22b. ADDRESS 205 S.5th St.,Moberly,Mo.
22c. DATE SIGNED 10/14/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-15-1960
23c. NAME OF CEMETERY OR CREMATORY Phillips Cem.
23d. LOCATION (City, town, or county) Monroe Co., (State) Mo.
24. FUNERAL DIRECTOR Thompson-Mackler ADDRESS Madison, Mo.
25. DATE RECD. BY LOCAL REG. 10-15-1960
26. REGISTRAR'S SIGNATURE Leah Howe

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

DEC 28 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_____ Signed Joseph R. Mack

Signature of Student Embalmer

Licensed Embalmer No. 457

P. O. Address Madison

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