

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 8 1960

-60-042841

STATE FILE NUMBER

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 40-60

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Miller	a. STATE Missouri		b. COUNTY Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia	Length of stay in 1b 28 days	c. CITY OR TOWN St. Elizabeth	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphreys Hospital	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First Frank	Middle Xander	Last Kemna	Month 11	Day 28
Year 60				
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-28-78	9. AGE (last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (City and state or country) St. Elizabeth, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Conrad Kemna		13b. MOTHER'S MAIDEN NAME Mary Bode		14. NAME OF HUSBAND OR WIFE Mary Rehagen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Hospital Tuscumbia, Mo.

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 Months
IMMEDIATE CAUSE (a)	Chronic Myocarditis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Mitral Stenosis	
	DUE TO (c) Rheumatic Heart Disease	Years
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 1950 to 11-28-60 and last saw her/him alive on 11-28-60
 Death occurred at 8:08 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. E. Humphreys, D.O. (Degree or title) 22b. ADDRESS Tuscumbia, Missouri 22c. DATE SIGNED 11-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-1-60 23c. NAME OF CEMETERY OR CREMATORY St. Lawrence Cem. 23d. LOCATION (City, town, or county) (State) St. Elizabeth, Mo.

24. FUNERAL DIRECTOR J. G. Humphrey - Tuscumbia, Mo. ADDRESS Tuscumbia, Mo. 25. DATE RECD. BY LOCAL REG. November 30, 1960 26. REGISTRAR'S SIGNATURE Mrs. W. E. Kallenbach

(Licensed Embalmer's Statement on Reverse Side)

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 J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Iberia, Mo

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.