

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-004501**

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 33

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED VS FEB 23 1961**

1. PLACE OF DEATH  
 a. COUNTY Andrain  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico Length of stay in lb 25 yr.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Andrain Hosp. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Andrain  
 c. CITY OR TOWN Mexico Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 409 Bohner Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
JAMES R. KEMP

4. DATE OF DEATH Month Day Year  
Feb 9 1961

5. SEX Male 6. COLOR OR RACE Negro 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH July 4, 1895 9. AGE (last birthday) 65 yr.

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

13a. FATHER'S NAME Robert R. Kemp. 13b. MOTHER'S MAIDEN NAME Marguer Berrill 14. NAME OF HUSBAND OR WIFE Lincy Kemp.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W. W. I 16. SOCIAL SECURITY NO. W. W. I 17. INFORMANT Lincy Kemp, Mexico Mo Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Acute Embolus vas. accident INTERVAL BETWEEN ONSET AND DEATH 2 weeks  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Syndrome 2 yrs.  
 DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Carcinoma prostate

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 Oct 1957 to Jan 9-61 and last saw him alive on Jan 9-61  
 Death occurred at 2:35 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold S. Laverford, M.D. 22b. ADDRESS Mexico Mo 22c. DATE SIGNED 2-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Feb. 13, 1961 23c. NAME OF CEMETERY OR CREMATORY Elmwood 23d. LOCATION (City, town, or county) Mexico Mo.

24. FUNERAL DIRECTOR ADDRESS Mrs. Stuart Parker, Columbia, Mo. 25. DATE RECD. BY LOCAL REG. Feb 13-1961 26. REGISTRAR'S SIGNATURE Blanche Neely

MAR 6 1961

FEB 24 1961

MAR 7 1961

MAY 3 1961

**STATEMENT BY LICENSED EMBALMER**

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

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

Signed George D. Tramm

Licensed Embalmer No. 4425  
P. O. Address Columbia

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.