ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013096
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 125

AMENDED

FILED MAY 1 1961

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City — Length of stay in 1b: 3 Hrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Marys Hosp. — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Callaway
c. CITY OR TOWN: Mokane Rural — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): Rural — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Nellie — Middle: Mae — Last: Kemp

4. DATE OF DEATH: Month: April — Day: 26 — Year: 1961

5. SEX: Female
6. COLOR OR RACE: Cau
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jan. 14, 1904
9. AGE (last birthday): 57 — IF UNDER 1 YEAR: Months 3 Days 12 — IF UNDER 24 HR: Hours Min.

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

13a. FATHER'S NAME: Riley Rogers
13b. MOTHER'S MAIDEN NAME: Mattie Horner
14. NAME OF HUSBAND OR WIFE: Floyd Kemp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Floyd Kemp — Address: Mokane Mo. Rural

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 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 4 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)
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 april 26 '61 to april 26, '61 and last saw her/him alive on april 26, '61.
Death occurred at 10:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. L. Loyd, M.D.
22b. ADDRESS: Jeff. City, Mo
22c. DATE SIGNED: 4-26-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 30, 1961
23c. NAME OF CEMETERY OR CREMATORY: Middle River
23d. LOCATION (City, town, or county): Mokane — (State): Mo.

24. FUNERAL DIRECTOR: Maupin Funeral Home — ADDRESS: Fulton, Mo
25. DATE RECD. BY LOCAL REG.: 29 April 1961
26. REGISTRAR'S SIGNATURE: R.P. Dorris, Mo. N. Richter, Dep.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

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_____ Signed Gene C. Maupin

Signature of Student Embalmer

Licensed Embalmer No. 5092

P. O. Address Fulton, 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.