

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4 **67 0001366**
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 9 1967		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Henry		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		a. STATE Mo. b. COUNTY Henry	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jolly Nursing Home		Length of stay in 1b Years		c. CITY OR TOWN Clinton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 403 S. Second St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HENRIETTA Middle KEMPER Last KEIL			4. DATE OF DEATH Month January Day 2 Year 1967		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/17/77	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Jewelry Store		11. BIRTHPLACE (City and state or country) Audrain Co. Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Johnathan Kemper		13b. MOTHER'S MAIDEN NAME Martha Early	
14. NAME OF HUSBAND OR WIFE Charles J. Keil		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. 495-50-3052JI		17. INFORMANT Address Marcile Reich, Independence, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Cardio-vascular renal disease					INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 Clinton, Missouri		20g. COUNTY _____ STATE _____			
21. I attended the deceased from 6/11/63 to 1/2/67 and last saw her ^{with} alive on 1/2/67 Death occurred at 7:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE S. B. Hughes M.D.			22b. ADDRESS Clinton, Mo.		22c. DATE SIGNED 1/5/67
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan 5, 1967		23c. NAME OF CEMETERY OR CREMATORY Englewood	
23d. LOCATION (City, town, or county) Clinton, Missouri		(State)			
24. FUNERAL DIRECTOR Consalus Clinton, Missouri			25. DATE RECD. BY LOCAL REG. JAN. 5, 67		26. REGISTRAR'S SIGNATURE Mildred Bigum

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF _____

DATE AMENDED

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

VS 300 Rev. 4/59
1 **0425**
2 **0425**
3
4 **1**
5 **2**
6
7 **0**
8 **2**
9 **442x**
10
11
12 **86-0**
13 **1-0**

1957

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 Eugene R. Conacher

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.

Permit Obtained 1-5-67 (1957)