

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28123**
3564

8-25-52
AUG 25 1952

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson /		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 40 years		d. STREET ADDRESS Twin Oaks Apartments 5000 oak Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Twin Oaks Apartments 5000 oak Street		13. 13	

3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) Lockwood c. (Last) Kemp			4. DATE OF DEATH (Month) (Day) (Year) August 6 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April-13-1873		9. AGE (In years, if under 1 year last birthday) Months Days Hours Min. 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and State or Foreign Country) ALTMONT New York		12. CITIZEN OF WHAT COUNTRY? U. S. A.		10b. KIND OF BUSINESS OR INDUSTRY Home	
13a. FATHER'S NAME HENRY LOCKWOOD		13b. MOTHER'S MAIDEN NAME MARGARET KELLEY		14. NAME OF HUSBAND OR WIFE C. EVERETT 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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ms. C. Everett Kemp 5000 Oak Street Kansas City, Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION				INTERVAL BETWEEN ONSET AND DEATH 70 min	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ruptured Peptic Ulcer				540	

19a. DATE OF OPERATION 13 July 52		19b. MAJOR FINDINGS OF OPERATION PERITONITIS due to Ruptured Ulcer				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **13 July, 1952** to **6 Aug, 1952**, that I last saw the deceased alive on **1 Aug, 1952**, and that death occurred at **7:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Phillip H. Halperin		23b. ADDRESS 409 Prog. Bldg		23c. DATE SIGNED 7 Aug 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG-9-1952		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. Newcome Sons 1331 Broadway Blvd. Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 8-9-52		REGISTRAR'S SIGNATURE Geraldine Holmes			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 470.

working under my personal supervision.

Student Charles W. Buman
Student Embalmer

Signed Charles H. Stehney

Licensed Embalmer No. 4560

P. O. Address R.C. Inc

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 this body is not embalmed, fact should be so stated above.