

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37532**

FILED DEC 8 1952		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 2000		Registrar's No. 421	
1. PLACE OF DEATH a. COUNTY ADAIR				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ADAIR			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSVILLE		c. LENGTH OF STAY (In this place) 7 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSVILLE MO 13		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION COMMUNITY NURSING HOME							
3. NAME OF DECEASED (Type or Print) a. (First) LLOYD			b. (Middle) KING		c. (Last) TEMPLEMAN		4. DATE OF DEATH (Month) (Day) (Year) DEC 3 - 1952
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH		9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY /		11. BIRTHPLACE (City and State or Foreign Country) SCHAYLER CO, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James L Templeman			13b. MOTHER'S MAIDEN NAME Abigail King		14. NAME OF HUSBAND OR WIFE Martha M King Templeman		
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. /		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Paul White Centerville Iowa			
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) Respiratory Failure (Ch) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aidsis DUE TO (c) Uremia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Glomerulonephritis					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION (Supp. report) 592X			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 APR 1 , 1952, to MAR 3 , 1952, that I last saw the deceased alive on 6:15 PM , 1952, and that death occurred at 8 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE David W. Boone (Degree or title) DO.				23b. ADDRESS 10021 W. Wash. Kirksville Mo		23c. DATE SIGNED 1-2-3-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 5, 1952	24c. NAME OF CEMETERY OR CREMATORY LIBERTY CEM		24d. LOCATION (City, town, or county) (State) LANCASTER, MO		
DATE REC'D BY LOCAL REG. 12-4-52		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Everett R Head Lancaster Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

11-3
014

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
Student Embalmer

Signed Merrett B. Head

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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 this body is not embalmed, fact should be so stated above.