FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8638

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg,
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION: Warrensburg Medical Center,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg, 0512
d. STREET ADDRESS (If rural, give location): Martin Hotel,

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM b. (Middle): HERMAN c. (Last): TEMPEL

4. DATE OF DEATH (Month) (Day) (Year): March 7th. 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 27, 1885
9. AGE (In years last birthday): 69 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical Clerk,
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing Shop
11. BIRTHPLACE (City and State or Foreign Country): St.Joseph, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Karl W. Tempel
13b. MOTHER'S MAIDEN NAME: Elizabeth Meyer
14. NAME OF HUSBAND OR WIFE: Anna M.Tempel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 715-07-0791
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Anna M. Tempel, Warrensburg, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 weeks

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

332 X

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-14, 19 54 *to* 3-7-, 19 55, *that I last saw the deceased alive on* 3-7-, 19 55, *and that death occurred at* 2:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: R Lee Cooper 0 — (Degree or title): M.D.
23b. ADDRESS: Warrensburg, Missouri
23c. DATE SIGNED: 3-8-1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-9-1955
24c. NAME OF CEMETERY OR CREMATORY: Sunset Hill Cemetery,
24d. LOCATION (City, town, or county) (State): Warrensburg, Missouri

DATE REC'D BY LOCAL REG.: Mar. 9, 1955
REGISTRAR'S SIGNATURE: Savannah Critchfield 147-0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: R.A.Brauninger, Warrensburg, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAR 14 1955
JOHNSON COUNTY HEALTH DEPT.

FEB 28 1955

MAR 21 1955

MAR 22 1955

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 R. M. Baumenger

Licensed Embalmer No. 3377

P. O. Address Warrensburg Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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