

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 12 1956

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 60

1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (If outside corporate limits, write RURAL and give town or township) Carthage c. LENGTH OF STAY (in this case) 41 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION 1061 River Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Jasper

c. CITY OR TOWN Carthage d. Is Residence within limits of a city or incorporated town? Yes No

STREET ADDRESS (If rural, give location) 1061 River Street

3. NAME OF DECEASED

a. (First) ARTHUR b. (Middle) CHESTER c. (Last) TEMPLEMAN

(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)

Mar. 1, 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH March 12, 1897

9. AGE (In years last birthday) 58

If UNDER 1 YEAR: Months _____ Days _____

If UNDER 24 HRS: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Grocer

10b. KIND OF BUSINESS OR INDUSTRY

Grocery

11. BIRTHPLACE (City and State or Foreign Country)

Cumberland, Iowa

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Wm. W. Templeman

13b. MOTHER'S MAIDEN NAME

Olive Durham

14. NAME OF HUSBAND OR WIFE

Pearl 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.

None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Pearl Templeman, Carthage, Missouri

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) Coronary occlusion

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.

INTERVAL BETWEEN ONSET AND DEATH

5 min

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

4201

20. AUTOPSY? YES NO

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) (Min.)

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 9-7, 1949, to 3-1, 1956 that I last saw the deceased alive on 2-24, 1956, and that death occurred at 11:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

M. Foster Witten M.D.

23b. ADDRESS

Carthage, Missouri

23c. DATE SIGNED

3-2-56

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

3/4/56

24c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

24d. LOCATION (City, town, or county) (State)

Carthage, Missouri

DATE REC'D BY LOCAL REG.

3-3-56

REGISTRAR'S SIGNATURE

W. H. Christman 139

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Knell Mortuary, Carthage, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 0 1956
Jasper County Health Office
County File Number 5-6-3-222
Date Filed MAR 8 1956

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 *Frank W. Kneel*

Licensed Embalmer No. *444*

P. O. Address *Carthage*

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.