

FILED NOV 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34634

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 5643 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY LAFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LAFAYETTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN RURAL FREEDOM TWP Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN CONCORDIA, MO Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION 5 Mi. W of Concordia, Mo 5 1/2 YRS		d. STREET ADDRESS (If outside, give location) Reside on Farm 5 Mi. W. OF CONCORDIA, MO Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) John First Thomas Middle Temming Last		4. DATE OF DEATH 11 - 8 1956 Month Day Year	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 1, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) ALMA, Missouri
13. FATHER'S NAME HENRY TEMMING		14. MOTHER'S MAIDEN NAME HANORA BOYLE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT GEORGE TEMMING Address CONCORDIA, 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) Coronary Occlusion Found dead in bed by relative. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) No evidence of violence DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Had been treated for cancer of face aff. vocal			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. DESCRIPTION HOW INJURY OCCURRED (Enter cause of injury in Part I or Part II of item 18.) 3rd floor window	
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.		4201H	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from after death 11-8-56 and last saw ^{her} _{him} alive on Never Death occurred at 5A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. Martin (Degree or title) Coroner 3		22b. ADDRESS Odeon, Mo	22c. DATE SIGNED 11-8-56
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY	23d. LOCATION (City, town, or county) (State) HIBBINSVILLE, MO
24. FUNERAL DIRECTOR E. S. James ADDRESS Concordia, Mo		25. DATE RECD. BY LOCAL REG. Nov. 10-1956	26. REGISTRAR'S SIGNATURE Clayton W Landrum

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

4-C

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 Mr....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. S. James
Licensed Embalmer No. 20
P. O. Address Conrad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.