

FILED JUN 30 1951

THE DIVISION OF HEALTH OF THE STATE OF KANSAS
STANDARD CERTIFICATE OF DEATHState File No. **20395**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2620	
1. PLACE OF DEATH: a. COUNTY Jackson Co - State Missouri				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Kansas b. COUNTY Miami			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City, Mo.		c. LENGTH OF STAY (in this place) 9 days		c. CITY (If outside corporate limits, write RURAL and give township) Paola		8/15/51	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital				d. STREET ADDRESS (If rural, give location) 102 E. Chip			
3. NAME OF DECEASED (Type or Print) a. (First) Neil		b. (Middle) A.		c. (Last) Stremmel		4. DATE OF DEATH (Month) (Day) (Year) 6 17 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-20-1884	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 7 Days 7		IF UNDER 24 Hrs. Hours 8 Mins. 0		12. CITIZEN OF WHAT COUNTRY U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Miami Co. Kans.	
13a. FATHER'S NAME Des Parker		13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE Ellick			
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 A. K. Stremmel		ADDRESS Paola, Ks.	
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) Uremia (Chronic glomerulonephritis)				INTERVAL BETWEEN ONSET AND DEATH 3 wks	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary & Renal Arteriosclerosis				Years +	
		DUE TO (c) Hypertension				Years +	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal Broncho Pneumonia				24 hrs.	
19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION 4201					
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 June 8, 1951 , to June 17, 1951 , that I last saw the deceased alive on June 17, 1951 , and that death occurred at 12:05 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Joseph E. Walker MD (Degree or title)				23b. ADDRESS 836 Prof. Bldg. Kansas City, Mo.		23c. DATE SIGNED 6-17-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE June 16 - 19 - 51		24c. NAME OF CEMETERY OR CREMATORY Paola		24d. LOCATION (City, town, or county) (State) Paola, Kansas	
DATE REC'D BY LOCAL REG. 6-20-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Ray Wilson & Son ADDRESS Paola, Ks.			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 20 1952

Removal to Park
for Burial

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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed

Paul Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. 1318

P. O. Address Carla Hansen

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.