

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 30 1951

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>3015</u>		Registrar's No. <u>88</u>			
1. PLACE OF DEATH a. COUNTY <u>Clenton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Clenton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron 0251</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>520 W. E 3rd St</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Conrad</u> b. (Middle) <u>Rempfer</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>11 15 51</u>						
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 14 1872</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HRS. Hours _____	IF UNDER 1 HRS. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmers</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>Germany</u>			
13a. FATHER'S NAME <u>Baldash Rempfer</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine</u>		14. NAME OF HUSBAND OR WIFE <u>Emma M Rempfer</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>70</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Emma M Rempfer</u>				ADDRESS <u>Cameron</u>	
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) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Generalized arteriosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>15 years</u> <u>15 years</u> <u>15 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>Y</u> 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) <u>443X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>8-29</u> , 19 <u>49</u> , to <u>11-15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-14</u> , 19 <u>51</u> , and that death occurred at <u>12:30 am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>B. Wetherston</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Cameron Mo</u>			23c. DATE SIGNED <u>11-16-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parkland Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Cameron Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-19-51</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer Funeral Home</u> ADDRESS <u>Cameron</u>				

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



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 Robert F. Poland

Licensed Embalmer No. 4777

P. O. Address 222 West 3rd St
Cameron, Miss

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.