

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5598**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **72**

1. PLACE OF DEATH a. COUNTY Henry County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. CITY (If outside corporate limits, write RURAL and give township) Harrisonville 0191	
c. LENGTH OF STAY (In this place) 2 Days		d. STREET ADDRESS (If rural, give location) 605 W. Washington St	
d. FULL NAME OF HOSPITAL OR INSTITUTION 901 N. 2nd St.			

3. NAME OF DECEASED (Type or Print) NELLIE	a. (First)	b. (Middle) C.	c. (Last) TRAMILL	4. DATE OF DEATH (Month) (Day) (Year) Mar 3 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Mar 5 1877	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 1 MRS. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Maids	10b. KIND OF BUSINESS OR INDUSTRY house work	11. BIRTHPLACE (City and State or Foreign Country) Ottawa, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Robert Tramill	13b. MOTHER'S MAIDEN NAME Delia Walker	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If res. give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Ray Edwards, Harrisonville, Mo	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 260X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **June 8, 1951, to Feb 3, 1953**, that I last saw the deceased alive on **Feb 3, 1953**, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul H. Green D.O.	23b. ADDRESS Harrisonville, Mo.	23c. DATE SIGNED 3-3-53
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24a. BURIAL, CREMATION, OR OTHER REMOVAL (Specify)	24b. DATE Mar 5-1953	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hope Cemetery Harrisonville Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. Mar 5-53	REGISTRAR'S SIGNATURE Florence Adair	4225	FUNERAL DIRECTOR'S SIGNATURE Wm. Pennington Harrisonville Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

172

FILED MAR 9 - 1953

Order

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 *Ernest Remmenbayer*

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville, Mo.*

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.