

STANDARD CERTIFICATE OF DEATH

130399

State File No. ....

FILED APR 7 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Nevada</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Nevada</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>503 East Vernon</b>		c. LENGTH OF STAY (in days) <b>23 Days</b>	
		d. STREET ADDRESS (If rural, give location) <b>102 South Alma</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Calvin</b>	b. (Middle) <b>W.</b>	c. (Last) <b>Tremain</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 24 1953</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 8, 1878</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>16</b>	IF UNDER 10 HRS. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>labor</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Edward Tremain</b>	13b. MOTHER'S MAIDEN NAME <b>Margart Howard</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Tremain</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>493-16-1777</b>	17. INFORMANT'S SIGNATURE OR NAME <b>World B. Gordon</b>	ADDRESS <b>Nevada Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerotic heart disease etc</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	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) (min.)	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 March 7, 1953 to March 23, 1953, that I last saw the deceased alive on March 23, 1953, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>James J. Pascoe MD</b> (Degree or title)	23b. ADDRESS <b>Nevada Mo.</b>	23c. DATE SIGNED <b>March 24, 1953</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-26-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Moore Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Nevada Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-3-53</b>	REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Eichinger Funeral Home Nevada, Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

*Keray F. Milster*

Licensed Embalmer No. *4805*

P. O. Address *Nevada, 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.