No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13782

FILED MAY 5 1953

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 41966 Registrar's No. 30

361
1

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SULLIVAN
c. LENGTH OF STAY (in this place): 5 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 338 N CLARK AVE.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SULLIVAN, MO. 0361
d. STREET ADDRESS (If rural, give location): 338 N. CLARK 0

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): HENRY
c. (Last): REMMERT

4. DATE OF DEATH (Month) 4 (Day) 28 (Year) 1953

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: 1/1/1889
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR Months 3 Days 28 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: CONSERVATION COMM.
11. BIRTHPLACE (City and State or Foreign Country): BEAUFORT 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HENRY REMMERT
13b. MOTHER'S MAIDEN NAME: FRIEDRIKA SCHMIDT
14. NAME OF HUSBAND OR WIFE: EMMA REMMERT

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.: 490-14-4522
17. INFORMANT'S SIGNATURE OR NAME: EMMA REMMERT — ADDRESS: SULLIVAN, MO

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): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — years
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Severe Previous Coronary thrombosis — 3 yrs ago

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — 4201
20. AUTOPSY? YES ☐ NO ☒

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): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* April 28, 1953, *to* April 28, 1953, *that I last saw the deceased alive on* April 1, 1953, *and that death occurred at* 10:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D.F. Andreasen MD 0
23b. ADDRESS: Sullivan Mo
23c. DATE SIGNED: 4/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5/1/53
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F CEMETERY
24d. LOCATION (City, town, or county) (State): SULLIVAN MO.

DATE REC'D BY LOCAL REG.: 4-29-53
REGISTRAR'S SIGNATURE: C A Craxton 97
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H.M. Eaton Sullivan Mo.

(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 J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.