

FILED JUN 29 1953

STANDARD CERTIFICATE OF DEATH

State File No. 22565  
Registrar's No. 172

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3006

883

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

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Charlton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Keytesville</b>	
c. LENGTH OF STAY (in this place) <b>11 Days</b>		d. STREET ADDRESS (If rural, give location) <b>0 210</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Luella</b>	b. (Middle) <b>Marie</b>	c. (Last) <b>Remmert</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 19 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 14 1890</b>	9. AGE (In years last birthday) <b>63</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Baptist Herman</b>	13b. MOTHER'S MAIDEN NAME <b>Sophia Grotjan</b>	14. NAME OF HUSBAND OR WIFE <b>Herman Remmert</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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Herman Remmert</b> ADDRESS <b>Dalton 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>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Essential Hypertension</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>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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

22. I hereby certify that I attended the deceased from **June 8, 1953**, to **June 9, 1953**, that I last saw the deceased alive on **June 7, 1953**, and that death occurred at **6:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE <b>W. L. ...</b> (Degree or title)	23b. ADDRESS <b>Moberly, Mo.</b>	23c. DATE SIGNED <b>June 23, 1953</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 22 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dalton Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Dalton Mo</b>
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DATE REC'D BY LOCAL REG. <b>6-22-53</b>	REGISTRAR'S SIGNATURE <b>Leola ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Meyer</b> ADDRESS <b>Funeral Home Brunswick</b>
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**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 .....  
Student Embalmer

Student Embalmer No. ....

Signed

*S. J. Leopard*

Licensed Embalmer No. 397

P. O. Address Mendon

**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.