

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36051**  
**4900**

**FILED OCT 28 1953**  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Woodson</b> <i>8150</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>12 days</b>	c. CITY OR TOWN <b>Yates Center</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>St. Luke's Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROYAL</b>	b. (Middle) <b>G.</b>	c. (Last) <b>REHMER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 12, 1953</b>
5. SEX <b>Male</b> <input type="radio"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 13, 1892</b>
9. AGE (In years last birthday) <b>60</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Eastern Kansas Utility Co.</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Garennll, Kansas /</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			

13a. FATHER'S NAME <b>Charles. Rehmer</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Robertson</b>	14. NAME OF HUSBAND OR WIFE <b>Minnie Rehmer</b>
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War 1</b>	16. SOCIAL SECURITY NO. <b>515-07-0151</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lowell Johnson, Yates Center, Kansas</b>

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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>glioma, malignant, of Brain</b>		<b>3 1/2 wks</b>
ANTECEDENT CAUSES Morbidity 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.		<b>193X</b>	

19a. DATE OF OPERATION <b>Oct 9, 1953</b>	19b. MAJOR FINDINGS OF OPERATION <b>as above, non-resectable tumor</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 **Oct 1, 1953** to **Oct 12, 1953**, that I last saw the deceased alive on **Oct 11, 1953**, and that death occurred at **12:40 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M.G. Berry</b> <i>M.G. Berry M.D.</i>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Phys Med Bldg Kansas City, Mo.</b>	23c. DATE SIGNED <b>Oct 12 53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10-12-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Yates Center, Kansas</b>	24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. <b>10-12-53</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Freeman Mortuary Kansas City, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

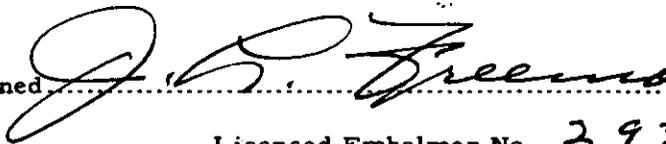
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 297

P. O. Address F. O. ....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.