

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36595

State File No.

FILED NOV 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) MONROE CITY	c. LENGTH OF STAY (in this place) 10 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) MONROE CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 212 N. Main St		d. STREET ADDRESS (If rural, give location) 217- 4th Street	

3. NAME OF DECEASED (Type or Print) a. (First) LLOYD b. (Middle) BEN c. (Last) REMBUSCH			4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 30, 1953		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 11, 1915		9. AGE (In years last birthday) 38	if UNDER 1 YEAR Months 3	if UNDER 24 HRS. Days 19	Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUTO MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (State or foreign country) SHELBY COUNTY, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN P. REMBUSCH		13b. MOTHER'S MAIDEN NAME VESTA TURNER		14. NAME OF HUSBAND OR WIFE DORIS LAYNE REMBUSCH	
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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) NO	16. SOCIAL SECURITY NO. 496-18-3138	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Doris Rembusch</i> Monroe City, Mo			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE			INTERVAL BETWEEN ONSET AND DEATH 5 MINUTES
		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			20. AUTOPSY YES <input checked="" 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) 331X	
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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?	
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22. I hereby certify that I attended the deceased from **OCT 20, 1953** to **OCT 30, 1953**, that I last saw the deceased alive on **OCT 30, 1953** and that death occurred at **2:25 p.m.** from the causes and on the date stated above.

23a. SIGNATURE <i>John H. Gibbs M.D.</i>	(Degree or title)	23b. ADDRESS <i>Monroe, Mo</i>	23c. DATE SIGNED 10/31/53
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24a. BURIAL, CREMATION, OR OTHER TREATMENT (Specify) BURIAL	24b. DATE 11-2, 1953	24c. NAME OF CEMETERY OR CREMATORY St Jukes Cemetery	24d. LOCATION (City, town, or county) (State) MONROE CITY, MO
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DATE REC'D BY LOCAL REG. 10-31-53	REGISTRAR'S SIGNATURE <i>Edna Robertson</i>	471	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wilson & Sons</i>	ADDRESS Monroe City, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

90

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Leslie L. Wiley

Licensed Embalmer No. 3014

P. O. Address Menard City, 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.