

No. 300
10.48

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36470
Registrar's No. 72

BIRTH MO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5071

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

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Nashville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Nashville Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If rural, give location) Lamar RFD #1	

3. NAME OF DECEASED (Type or Print) a. (First) CHRISTIAN	b. (Middle) WILLIAM	c. (Last) REMM	4. DATE OF DEATH (Month) (Day) (Year) Nov 7 1954
---	---------------------	----------------	---

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 4 1875	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 3	Hours	Min.
----------	--------------------	--	-----------------------------	------------------------------------	--------------------------	-------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Stockman	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Willsbach, Weurttemberg, Germany	12. CITIZEN OF WHAT COUNTRY? U. S.
---	--	--	------------------------------------

13a. FATHER'S NAME Gottfred Remm	13b. MOTHER'S MAIDEN NAME Christiana Braun	14. NAME OF HUSBAND OR WIFE Lizzie Lehman Remm
----------------------------------	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. XXX	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lizzie Remm, Lamar, Missouri, R#1	ADDRESS R#1
---	-----------------------------	--	-------------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sudden death
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) old age 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 type="checkbox"/> NO <input checked="" 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) Lamar Barton Mo
--	--	--

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 18 to 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 9:20a m., from the causes and on the date stated above.

23a. SIGNATURE DR. Cuedar M.D.	(Degree or title)	23b. ADDRESS L. A. M. R. D.	23c. DATE SIGNED 11-8-54
--------------------------------	-------------------	-----------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 10 1954	24c. NAME OF CEMETERY OR CREMATORY Apostolic Christian	24d. LOCATION (City, town, or county) (State) Barton County, Missouri
--	-----------------------	--	---

DATE REC'D BY LOCAL REG. NOV 10 1954	REGISTRAR'S SIGNATURE Marie Konantz	25. FUNERAL DIRECTOR'S SIGNATURE Konantz Funeral Home, Lamar, Missouri	ADDRESS
--------------------------------------	-------------------------------------	--	---------

VS
SEP 1 4 1980

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

Norman L. Thompson

Licensed Embalmer No.

4816

P. O. Address

Damar, 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.