

FILED AUG 8 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. 24368

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 1537

1. PLACE OF DEATH a. COUNTY LIVINGSTON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LIVINGSTON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHILLICOTHE		c. LENGTH OF STAY (in this place) 20 YEARS	c. CITY OR TOWN CHILLICOTHE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION SUSAN NURSING HOME			e. STREET ADDRESS (If rural, give location) 422 MARTIN STREET		
3. NAME OF DECEASED (Type or Print) a. (First) SADIE		b. (Middle)	c. (Last) TREMAIN		4. DATE OF DEATH (Month) (Day) (Year) JULY 26, 1956
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 21 SEPT. 1895	9. AGE (In years last birthday) 60	if UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) ST. JOSEPH, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME JOSEPH KEMPF		13b. MOTHER'S MAIDEN NAME JENNIE KERNS	14. NAME OF HUSBAND OR WIFE WILLIAM TREMAIN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE W^m TREMAIN ADDRESS 422 MARTIN CHILLICOTHE, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Ovary DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 3 hrs 1 1/2 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 175x				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 July 15, 1956 , to July 26, 1956 , that I last saw the deceased alive on July 26, 1956 , and that death occurred at 9:10 A.M. from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Joseph A. Conrad M.D.			23b. ADDRESS Chillicothe, Mo		23c. DATE SIGNED July 27-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-28-56	24c. NAME OF CEMETERY OR CREMATORY MAY	24d. LOCATION (City, town, or county) (State) CHULA MISSOURI		
DATE REC'D BY LOCAL REG. 7/27/56	REGISTRAR'S SIGNATURE Francis B. Nell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS NORMAN FUNERAL HOME: CHILLICOTHE, MO.		

1958 OCT 5 1001

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 *Elton J. Norman*

Licensed Embalmer No. *4036*

P. O. Address *Chillicothe,*

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.