

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27959

State File No. ....

No. 300  
10-48

FILED SEP 5 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 197 PRIMARY REG. DIST. NO. 3057 Registrar's No. 64

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Ray</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Richmond</u> | c. LENGTH OF STAY (in this place)<br><u>5 yrs.</u> | c. CITY OR TOWN<br><u>Richmond</u>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>343 S. Thornton</u>                       |  | e. STREET ADDRESS (If rural, give location)<br><u>343 S. Thornton</u>   |  |

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|---|---------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>ARTHUR</u> | b. (Middle) <u>ROSCOE</u> | c. (Last) <u>REMLEY</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>August 27, 1956</u> |
|---|---------------------------|-------------------------|---|

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|-----------------------|----------------------------------|--|---|--|--|--|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>January 11, 1881</u> | 9. AGE (In years last birthday)<br><u>75</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |
|-----------------------|----------------------------------|--|---|--|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Medical Doctor</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Medicine</u> | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Orrick, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
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| 13a. FATHER'S NAME<br><u>A.B. Remley</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Raechel Jackson</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Josephine Crowley</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>No.</u> | 16. SOCIAL SECURITY NO.<br>_____ | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Josephine C. Remley, Richmond, Mo.</u> | ADDRESS<br>_____ |
|---|----------------------------------|--|------------------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Generalized Arteriosclerosis</u><br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 week</u> |
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|                        |   |   |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><br><u>4500</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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) |
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|  |  |                            |
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| 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 August 19, 1955, to August, 1956, that I last saw the deceased alive on August 27, 1956, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title)<br><u>Thomas W. Cool, M.D.</u> | 23b. ADDRESS<br><u>1126 W. Main St. Richmond Missouri</u> | 23c. DATE SIGNED<br><u>Aug. 28, 1956</u> |
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|--|-----------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>Aug. 30, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Richmond Memory Gardens</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Richmond, Mo.</u> |
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| DATE REC'D BY LOCAL REG.<br><u>Aug 30 - 1956</u> | REGISTRAR'S SIGNATURE<br><u>Malcol Jackson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Thurman Funeral Home</u> | ADDRESS<br><u>Richmond, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

273

SEP 12 1956

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

Student.....  
Signature of Student Embalmer

Signed *Tom L. Hurman* .....

Licensed Embalmer No..... 4563

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