

FILED NOV 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34081**

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission.) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Lees Summit)		c. CITY (If outside corporate limits, write RURAL and give township) Lees Summit Jackson Co. Home	
c. LENGTH OF STAY (in this place) 40 Yrs		d. STREET ADDRESS (If rural, give location) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co. Home		5	
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) H. c. (Last) Remm			4. DATE OF DEATH (Month) (Day) (Year) Oct. 24 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 15 1882
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	
11. BIRTHPLACE (State or foreign country) Nebraska		12. COUNTRY OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ferdinand Remm		13b. MOTHER'S MAIDEN NAME Dorothy Weber	
14. NAME OF HUSBAND OR WIFE Never Married		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Fred E. Andregg ADDRESS Kansas City, Mo	
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 1 wk.	
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) (Min.)	
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 <u>12 OCT, 1949</u> , to <u>24 OCT, 1949</u> , that I last saw the deceased alive on <u>23 OCT, 1949</u> and that death occurred at <u>10:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE P. Saunders M.D. (Degree or title)		23b. ADDRESS Indep. Mo.	
23c. DATE SIGNED 10/25/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Oct. 25 1949		24c. NAME OF CEMETERY OR CREMATORY Local	
24d. LOCATION (City, town, or county) (State) West Point, Nebraska		25. FUNERAL DIRECTOR'S SIGNATURE Mrs C.L. Forster ADDRESS Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 10-24-49		REGISTRAR'S SIGNATURE Donald C. Purnshaw	

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

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NOV 1 RECD

6-11-1968

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.....

Clayton K. Barnes

working under my personal supervision.

Student Embalmer No. *348*

Signed *Clayton K. Barnes*
Student Embalmer

Signed *Joe B. Yoder*
Licensed Embalmer No. *4173*

P. O. Address *KC. 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.