

No. 300
10. 48

STANDARD CERTIFICATE OF DEATH

State File No. **30665**

FILED OCT 5 1951

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5607 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give town) Kingsville twp		c. CITY (If outside corporate limits, write RURAL and give township) Strasburg <u>0190</u>	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) Strasburg <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D.2 Kingsville, Mo			

3. NAME OF DECEASED (Type or Print) Lydia Ruby Remley			4. DATE OF DEATH (Month) (Day) (Year) Sept 24, 1951		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov 8 1878		9. AGE (in years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Wichita, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Ricketts		13b. MOTHER'S MAIDEN NAME Elank		14. NAME OF HUSBAND OR WIFE James R. Remley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) xxx		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Lawrence L. Remley, Kansas City 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 2 yrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia		DUE TO (c) E975X			
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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Pond on farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kingsville twp Johnson 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 did not attend, 1951, that I last saw the deceased decease on Sept 24, 1951, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kelly Pauline 3 m.d. Corner		23b. ADDRESS Holden, Mo		23c. DATE SIGNED 9-24-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 9/24/51	24c. NAME OF CEMETERY OR CREMATORY Forrest Hills cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 10-2-51	REGISTRAR'S SIGNATURE Mrs James W. Redford	25. FUNERAL DIRECTOR'S SIGNATURE Canaday & Ropp	ADDRESS Funeral Home Holden, Missouri
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D. L. R. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT 4 1951
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

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

W. L. Canaday

Licensed Embalmer No. *3430*

P. O. Address. *Halden, 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.