FILED OCT 8 1956

Dr. Enloe

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30221

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 292

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 225 E Capitol — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City — Inside Limits Yes X No
d. STREET ADDRESS 225 E. Capitol Avenue (If outside, give location) — Reside on Farm No X

3. NAME OF DECEASED (Type or print) First Ernest Middle Washington Last Rembert

4. DATE OF DEATH Month Oct Day 2 Year 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED X NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH July-30-1874

9. AGE (In years last birthday) 82

IF UNDER 1 YEAR OR UNDER 24 HRS. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paperhanger

10b. KIND OF BUSINESS OR INDUSTRY Papering

11. BIRTHPLACE (City and state or country) Sweet Springs, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A..

13. FATHER'S NAME Washington Rembert

14. MOTHER'S MAIDEN NAME Mary Bright

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Hazel Rembert Address Jefferson City, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH Unk

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4260

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/11/46 to 10/2/56 and last saw her him alive on 10/2/56

Death occurred at 11P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward Enloe MD (Degree or title)

22b. ADDRESS Jefferson City Mo

22c. DATE SIGNED 10/3/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10-5-1956

23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery

23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri

24. FUNERAL DIRECTOR Roger J. Gordon ADDRESS Jeff City, Mo

25. DATE RECD. BY LOCAL REG. 3 Oct. 1956

26. REGISTRAR'S SIGNATURE R. P. Dorris MD-MR

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph J. Gordon

Licensed Embalmer No. 178

P. O. Address Jeff City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.