

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025748  
STATE FILE NUMBER  
3650

FILED AUG 15 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3650

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8039 HIGHLAND AVE.		Length of stay in 1b 41 YEARS	d. STREET ADDRESS (If outside, give location) 8039 HIGHLAND AVE
3. NAME OF DECEASED (Type or print) First Middle Last CURTIS ALFRED REMY			4. DATE OF DEATH Month Day Year JULY 27 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 5 1878
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POSTAL CLERK		9b. KIND OF BUSINESS OR INDUSTRY POSTOFFICE DEPT.	9c. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POSTAL CLERK		10b. KIND OF BUSINESS OR INDUSTRY POSTOFFICE DEPT.	10c. BIRTHPLACE (City and state or country) MILLHOUSE, INDIANA
11. BIRTHPLACE (City and state or country) MILLHOUSE, INDIANA		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME DR. WILLIAM H. REMY		13b. MOTHER'S MAIDEN NAME DELLA CARPER	
14. NAME OF HUSBAND OR WIFE HARRIETT LATTA REMY		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MRS. HARRIETT LATTA REMY 8039 HIGHLAND AVE KANSAS CITY, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Central embolus of the brain 4/27/58 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral thrombosis 4/27/58 DUE TO (c) 3324			INTERVAL BETWEEN ONSET AND DEATH 4/27/58
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21. I attended the deceased from 7/12/58 to 7/27/58 and last saw her alive on 7/27/58 Death occurred at 10:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE O. J. [Signature] MD		22b. ADDRESS 6010 Ray Blvd, Joplin	
22c. DATE SIGNED 7/27/58		22d. DATE SIGNED 7/27/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUG. 29. 1958	
23c. NAME OF CEMETERY OR CREMATORY M.T. MORIAH CEMETERY		23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 7-29-58	
26. REGISTRAR'S SIGNATURE Reva Minshall		26. REGISTRAR'S SIGNATURE Reva Minshall	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

C. G. Leitch



VS MAY 6 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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Norman W. Thomas* .....

Licensed Embalmer No. *4889* .....

P. O. Address *K.C. 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.