

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021662

FILED JUL 8 1959 Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 2937 Registrar's No.

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 type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1107 LINWOOD BLVD.		Length of stay in lb 39 YRS.	d. STREET ADDRESS (If outside, give location) 1107 LINWOOD BLVD. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last NETTIE MAUDE REMLEY	4. DATE OF DEATH Month Day Year JUNE 14, 1959
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 21, 1881	9. AGE (In years) 77 3/4 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) FRANKLIN CO. KANSAS	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME JOHN C. LINDSEY	13b. MOTHER'S MAIDEN NAME MARY J. PHILLIPS	14. NAME OF HUSBAND OR WIFE C. HARVE REMLEY
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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. NO	17. INFORMANT Address CLIFF RAMAGE 1107 LINWOOD BLVD.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute pulmonary edema</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 hr.</i>
DUE TO (b) <i>Chronic cardiac decompensation</i>		
DUE TO (c) <i>morphine addiction</i>		<i>6 yrs.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>morphine addiction</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 g.m. p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <i>1955</i> to <i>June 14, 1959</i> and last saw her alive on <i>June 14, 1959</i> Death occurred at <i>9:30 pm</i> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>M. W. West M.D.</i>	22b. ADDRESS <i>330 W 47</i>	22c. DATE SIGNED <i>15 June 59</i>

23a. BURIAL, CREMATION, REFRIG. (Specify) BURIAL	23b. DATE JUNE 17, 1959	23c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEM	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.
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24. FUNERAL DIRECTOR <i>H. W. Murphree's Son</i>	ADDRESS <i>K.C. Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>6-16-59</i>	26. REGISTRAR'S SIGNATURE <i>Rever Marshall</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
W. W. Gist

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 *Edward M. Stone*

Licensed Embalmer No. *4452*

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.