S. No. 300
v. 10.48

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38240

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5924 Registrar's No. 394

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

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Dresden
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3½ Miles northwest Sedalia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 5120 Cabanne Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): J.
c. (Last): REESE, JR.

4. DATE OF DEATH (Month) (Day) (Year): Nov. 18, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Aug. 24, ~~1908~~ 1909
9. AGE (In years last birthday): ~~41~~ 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Nat'l Tree Co.
11. BIRTHPLACE (State or foreign country): Elyria, Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas J. Reese, Sr.
13b. MOTHER'S MAIDEN NAME: Phyllis Sheridan
14. NAME OF HUSBAND OR WIFE: unknown

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.: 308-01-5451
17. INFORMANT'S SIGNATURE OR NAME: Thomas J. Reese, Sr. — ADDRESS: 5120 Cabanne St. Louis, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture, 2nd, 3rd cervical vertebra; multiple internal injuries

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): ~~////~~

DUE TO (c): train and automobile collision

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: E 8104 27

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): railroad crossing
21c. (CITY, TOWN, OR TOWNSHIP) Dresden **(COUNTY)** Sedalia, Pettis County, Mo. **(STATE)** 80
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11/18/49 7:45AM
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? passenger truck hit by Missouri-Pacific train

22. *I hereby certify that I ~~attended the~~ viewed deceased from* as coroner *, to* 11/18/49 *19 ___, ~~that I last saw the deceased alive on ___, 19 ___~~, and that death occurred at* 7:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas Gordon Hauffeche, MD
23b. ADDRESS: Coroner Pettis County
23c. DATE SIGNED: 11/18/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11/19/49
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: 11/19/49
REGISTRAR'S SIGNATURE: Betty Yeager Deputy 251
25. FUNERAL DIRECTOR'S SIGNATURE: Duane Ewing — ADDRESS: Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 21

District Health Officer No. 8,

District File Number

Date Filed 11-23-49

DEC 2

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.

State of Missouri
County of Pettis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 38240
Local Registrar's No.

On this 25th day of November, 1949, before me appears Thomas J. Reese, Sr., who, upon his oath, states that the original record of death for Thomas J. Reese, Jr. died November 18, 1949, in the State of Missouri, and which was filed at Sedalia, Pettis County on Nov. 19, 1949, should be corrected as follows:

Item No. 8 should read August 24, 1909
Instead of August 24, 1908

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Thos J Reese father
Relationship.

5120 Cabanne, St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 18th day of November, 1949

My Commission expires August 25-1950 Geo H Landgraf Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1949

V. S. 135
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