

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5827

State File No. ....

900  
1

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

BIRTH NO. _____		REG. DIST. NO. <u>299</u>		PRIMARY REG. DIST. NO. <u>6026</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).			
a. COUNTY <u>Reynolds</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Reynolds</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural, Carroll Twp</u>		c. LENGTH OF STAY (in this place) <u>3yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Carroll Twp.</u>		0900	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Luther Reese Residence</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Ollie</u>	b. (Middle) <u>JANE</u>	c. (Last) <u>Reese</u>	(Month) <u>Feb.</u>	(Day) <u>15</u>	(Year) <u>1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>MARCH 20, 1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Bill Livingston</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN (UNKNOWN)</u>		14. NAME OF HUSBAND OR WIFE <u>A.J. Reese</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Luther Reese</u> ADDRESS <u>Bunker Mo</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					<u>4/0X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Jan 1, 1949</u> , to <u>Feb 15, 1950</u> , that I last saw the deceased alive on <u>2/11</u> , 1950, and that death occurred at <u>12:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. M. Subpatrik M.D.</u> (Degree or title)				23b. ADDRESS <u>Leeterville</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Feb. 18, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greeley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Greeley, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2/18/50</u>		REGISTRAR'S SIGNATURE <u>E. M. Subpatrik</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robson &amp; Shantham</u>		ADDRESS <u>Salem, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

2/20/50

District Health Officer No. 6.

District File Number 250-124

Date Filed 2/24/50

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 Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Salem, 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.