

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 142

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5110 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Mo. b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL FILMORE TWP.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL FILMORE TWP.	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR GRASSY		d. STREET ADDRESS (If rural, give location) NEAR GRASSY	
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) MATTHEW c. (Last) REA			4. DATE OF DEATH (Month) (Day) (Year) 1 - 10 - 51
5. SEX M. O	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1 - 26 - 1882
9. AGE (In years last birthday) 68		if UNDER 1 YEAR 11 Days	if UNDER 2 HRS. 14 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) BOLLINGER Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME RUFUS J. REA		13b. MOTHER'S MAIDEN NAME ELIZABETH EAKER	14. NAME OF HUSBAND OR WIFE EFFIE A. REA
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'S SIGNATURE OR NAME EFFIE A. REA ADDRESS GRASSY, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 2/3 , 19 50 , to 1/10 , 19 51 , that I last saw the deceased alive on 1/10 , 19 51 , and that death occurred at 6:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John J. Meyers M.D.		23b. ADDRESS 2 S. Lutesville Mo.	23c. DATE SIGNED 1/14/51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-12-51	24c. NAME OF CEMETERY OR CREMATORY BOWER GRASSY CEM.	24d. LOCATION (City, town, or county) (State) BOLLINGER Co. Mo.
DATE REC'D BY LOCAL REG. Jan. 18 1951	REGISTRAR'S SIGNATURE Mellie C. Dandemburgh	25. FUNERAL DIRECTOR'S SIGNATURE BAKER FUNERAL HOME ADDRESS LUTESVILLE, MO.	

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

RECEIVED

JAN 23 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

JAN 24 1951

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.

Signed J. E. Graham

Signed.....
Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Lutsenville, 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.