

FILED MAY 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16258

390
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BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5458 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oreede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Grove</u> <u>0390</u>	
c. LENGTH OF STAY in this place <u>8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Belle</u> c. (Last) <u>Reese</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1951</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>April 4, 1888</u>		9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>12</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>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Alonzo Long</u>		13b. MOTHER'S M maiden name <u>Ada Robinson</u>		13c. NAME OF HUSBAND OR WIFE <u>Commodore Reese</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Commodore Reese Walnut Grove Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u>		Chronic Valvular Heart Disease			<u>3 hours</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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			Annual	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Acute Mesenteric occlusion</u>			<u>9 hours</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4214</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 5-17, 1951, to 5-17, 1951, that I last saw the deceased alive on 5-19, 1951, and that death occurred at 9:00 p. m., from the causes and on the date stated above.

24a. SIGNATURE <u>Dr. Charles H. Orr M.D.</u> (Degree or title)		23b. ADDRESS <u>Walnut Grove Mo</u>		23c. DATE SIGNED <u>5-19-1951</u>	
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24a. BURIAL, CREMATION, OR DISPOSITION (Specify) <u>Burial</u>		24b. DATE <u>5-20-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Walnut Grove Mo.</u>					

DATE REC'D BY LOCAL REG. <u>5/26/51</u>		REGISTRAR'S SIGNATURE <u>Drew L. Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sam Farnum Louisa Walnut Grove Mo</u>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Greene County Health Office,

County File Number 51-5-31

Date Filed 5-28-51

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 Walter D. Dobbins

Licensed Embalmer No. 4005

P. O. Address Cash Grove Me

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.