

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 1 1951

State File No. **17560**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **4405** Registrar's No. **172**

0800
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pettis	
b. CITY OR TOWN Green Ridge		c. CITY OR TOWN Green Ridge c. LENGTH OF STAY (in this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) MAUD b. (Middle) ALMA c. (Last) REAM			4. DATE OF DEATH (Month) (Day) (Year) 5 11 51
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MARCH 24 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY BANK	9. AGE (In years last birthday) 80 if UNDER 1 YEAR Months 1 if UNDER 2 HRS. Day Hours Min.
11. BIRTHPLACE (State or foreign country) GREEN RIDGE MO. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES S. REAM		13b. MOTHER'S MAIDEN NAME KELLY E. MELVIN	14. NAME OF HUSBAND OR WIFE. None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO.		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS JAMES REAM 1205 Blackstone 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia INTERVAL BETWEEN ONSET AND 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) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. 490x	
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 Apr 28, 1951 , to May 11, 1951 , that I last saw the deceased alive on May 11, 1951 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. A. Kite M.D.		23b. ADDRESS Green Ridge Mo	
23c. DATE SIGNED 5-11-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-13-1951	
24c. NAME OF CEMETERY OR CREMATORY Green Ridge		24d. LOCATION (City, town, or county) (State) GREEN RIDGE MO.	
DATE REC'D BY LOCAL REG. May 26, 1951		REGISTRAR'S SIGNATURE A. Campbell M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Markers Funeral Service		ADDRESS L. Monte	

RECEIVED 5-31-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-31-51

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte, 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.