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FILED OCT 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30124

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 41

130

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

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton 0470	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) ARCHIE	b. (Middle) BOSWELL	c. (Last) REEL	4. DATE OF DEATH (Month) (Day) (Year) Sept. 19 1951
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5. SEX D male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single U	8. DATE OF BIRTH Feb. 2 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR 7 Months	IF UNDER 24 HRS. 17 Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk	10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R. R.	11. BIRTHPLACE (State or foreign country) Pilot Knob Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Miller Reel	13b. MOTHER'S MAIDEN NAME Ruth Boswell	14. NAME OF HUSBAND OR WIFE ##
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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. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy Reel, 707 W. Pratt DeSoto Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) terminal bronchial pneumonia		50 days
	ANTECEDENT CAUSES DUE TO (b) cerebral hemorrhage DUE TO (c) hypertrophied prostate II. OTHER SIGNIFICANT CONDITIONS : 610X 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-19-51 to 9-19-51, 1951, that I last saw the deceased alive on 9-19-51, 1951, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE R. E. Harland, M.D.	(Degree or title) M.D.	23b. ADDRESS Ironton, Mo.	23c. DATE SIGNED 9/19/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-21-51	24c. NAME OF CEMETERY OR CREMATORY Masonic Cem.	24d. LOCATION (City, town, or county) (State) Ironton Mo.
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DATE REC'D BY LOCAL REG. 9-28-51	REGISTRAR'S SIGNATURE Mrs. Aris Jones 128	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo.
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RECEIVE

SEP 29 1951

DISTRICT HEALTH OFFICE

File No.....

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 Arnell J. White

Licensed Embalmer No. 3012

P. O. Address Imitor

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.