S. No. 300
V. 10.48

0860

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

FILED JUN 9 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17556

State File No.

BIRTH NO. REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unionville
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Monroe Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milan 1050
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Roxie
b. (Middle): Elizabeth
c. (Last): Reger

4. DATE OF DEATH (Month) (Day) (Year): 6 - 2 - 52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-26-1887
9. AGE (In years last birthday): 64 — If under 1 year: Months 5, Days 6 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Pollock Mo
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Thomas McDonald
13b. MOTHER'S MAIDEN NAME: Mary Jones
14. NAME OF HUSBAND OR WIFE: Gilbert Reger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): N
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Gilbert Reger
ADDRESS: Milan 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary arteriosclerosis

DUE TO (c) & hypertension — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 29, 1952, *to* June 2, 1952, *that I last saw the deceased alive on* June 2, 1952 *and that death occurred at* 1 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE: Chas L. Judd D.O.
(Degree or title):
23b. ADDRESS: Unionville Mo
23c. DATE SIGNED: 6/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-4-52
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cem
24d. LOCATION (City, town, or county) (State): Milan - Mo

DATE REC'D BY LOCAL REG.: 6-9-52
REGISTRAR'S SIGNATURE: Marvell Durbin 266
25. FUNERAL DIRECTOR'S SIGNATURE: Robert Dwight Debourne
ADDRESS: Milan Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Nelson - Neb

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.