

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10.48

FILED SEP 15 1952

BIRTH NO. REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. LENGTH OF STAY (In this place) <u>39 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		OR TOWN <u>0732</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 436 BAXTER ST.</u>				d. STREET ADDRESS (If rural, give location) <u>436 BAXTER</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ada</u>			b. (Middle)		c. (Last) <u>REAGAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 30 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1-8-1883</u>		9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>22</u> IF UNDER 1 Mth. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Bruce Alfrey</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elio Regus</u>			ADDRESS <u>Neosho Mo</u>		
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) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
				ANTECEDENT CAUSES DUE TO (b) <u>arterio-sclerosis</u>				<u>10 yrs</u>	
				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 <u>331X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 <u>Jan 1, 1952</u> , to <u>Aug 30, 1952</u> , that I last saw the deceased alive on <u>Aug 28, 1952</u> , and that death occurred at <u>4:25 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. E. Maness MD</u> (Degree or title)				23b. ADDRESS <u>Neosho Mo</u>				23c. DATE SIGNED <u>9-1-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-1-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gibson Cem</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR Neosho</u>			
DATE REC'D BY LOCAL REG. <u>9-2-52</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK BIGHAM</u>		ADDRESS <u>Neosho Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

732

RECEIVED

Health Officer No. ADW 101-200 HEALTH UNIT
District Health Officer No. 952-183
Date filed SEP 11 1952

NEOSHO, MISSOURI

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

Jesse O. Sullivan, Jr.

Licensed Embalmer No. 4646

P. O. Address Neosho 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.