

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 5029  
862

BIRTH NO.		REG. DIST. NO. 147		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Platte			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City MO		c. LENGTH OF STAY (in this place) 1 month		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Grove		d. STREET ADDRESS (If rural, give location) 1141	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital				d. STREET ADDRESS (If rural, give location) 1141			
3. NAME OF DECEASED a. (First) M Homer			b. (Middle) M		c. (Last) Reese		4. DATE OF DEATH (Month) (Day) (Year) 2-23-1954
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 27 1893	
9. AGE (In years last birthday) 60		10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Barber		11. BIRTHPLACE (State or foreign country) Mountain Grove MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME P.B. Reese		13b. MOTHER'S MAIDEN NAME Faye E. Maynard		14. NAME OF HUSBAND OR WIFE Faye E. Reese	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Faye E. Reese Mountain Grove 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) Shock  ANTECEDENT CAUSES DUE TO (b) Blood loss DUE TO (c) Operative Procedure  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension					INTERVAL BETWEEN ONSET AND DEATH  5600
19a. DATE OF OPERATION 2-23-54		19b. MAJOR FINDINGS OF OPERATION Bilateral Inguinal Herniae					20. AUTOPSY? YES <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21d. TIME OF INJURY		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>As Pathologist</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>  </u> , 19 <u>  </u> , and that death occurred at <u>  </u> from the causes and on the date stated above.							
23a. SIGNATURE Robert K.B. Allebach (Degree or title) 6				23b. ADDRESS 2300 Holmes, K.C. Mo		23c. DATE SIGNED 2-23-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-27-54		24c. NAME OF CEMETERY OR CREMATORY Mountain Grove		24d. LOCATION (City, town, or county) (State) Mountain Grove MO	
DATE REC'D BY LOCAL REG. 2-24-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Grable-Windle Funeral Home Mt Grove MO			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 1 1956

JUL 1 1957

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

*Russell N. Francis*

Licensed Embalmer No. 4255

P. O. Address H. C. M. O.

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.