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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 11 1955

State File No. **7973**
Registrar's No. **34**

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4215		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brownington		c. LENGTH OF STAY (in this place) 70 yrs		c. CITY OR TOWN Brownington		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brownington Mo				e. STREET ADDRESS (If rural, give location) 0420			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) WILBUR c. (Last) REEGE			4. DATE OF DEATH (Month) (Day) (Year) APRIL 4 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 1, 1876		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY TILE		11. BIRTHPLACE (City and State or Foreign Country) ILLNOIS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN REECE		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE MARTIE REECE			
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. 495-01-2500		17. INFORMANT'S SIGNATURE OR NAME Martie Reege, Brownington Mo ADDRESS _____			
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure					INTERVAL BETWEEN ONSET AND DEATH min	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial insufficiency					hrs	
	DUE TO (c) Arteriosclerosis					Yrs.	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) 4221			
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 4-3 , 19 55 , to 4-3 , 19 55 , that I last saw the deceased alive on 4-3 , 19 55 , and that death occurred at 3:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James Jones D.O.				23b. ADDRESS 105 E. Ohio		23c. DATE SIGNED 4-5-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-6-55	24c. NAME OF CEMETERY OR CREMATORY MAPLE WOOD		24d. LOCATION (City, town, or county) (State) Brownington Mo		
DATE REC'D BY LOCAL REG. April 6-55		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SICKMAN & DANNING CLINTON MO			

RUL 12 '355

JUN 14 1955

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.....
Signature of Student Embalmer

Signed *Robert L. Dunning*.....

Licensed Embalmer No. *471*

P. O. Address *Clinton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.