

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **36585**BIRTH NO. FILED NOV 21 1955 REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **1022**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Handley Memorial Hosp.</b>		• STREET ADDRESS (If rural, give location) <b>906 E. Commercial 0396</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Allie</b> b. (Middle) <b>—</b> c. (Last) <b>Reese</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 15-1955</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Jan. 15-1868</b>
9. AGE (In years last birthday) <b>87</b>		IF UNDER 1 YEAR Months <b>—</b> Days <b>—</b>	IF UNDER 24 HRS. Hours <b>—</b> Mins. <b>—</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Versailles, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>William N. Thurman</b>	
13b. MOTHER'S MAIDEN NAME <b>Rhoda Fisher</b>		14. NAME OF HUSBAND OR WIFE <b>Joe Reese</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jessie Gentes</b> ADDRESS <b>Springfield, Mo.</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) <b>4500</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Cardis Vasculare Disease</b>	
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)	
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 <b>Oct 7, 1955</b> , to <b>Nov. 15, 1955</b> , that I last saw the deceased alive on <b>Nov. 13, 1955</b> , and that death occurred at <b>6:05 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>David N. Hall, MD</b>		23b. ADDRESS <b>1951 So. National Springfield, Mo. 65806</b>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>11-17-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maple Park Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Max Jancey</b> ADDRESS <b>Springfield, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-17-55</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Alex James*  
Licensed Embalmer No. 331

P. O. Address Springdale

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.