

0.300  
0.48

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36586

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1039

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY OR TOWN <u>Mt. View</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>0461</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>F.</u> c. (Last) <u>Reese</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 19 1955</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 10, 1878</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Optometrist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Optometry</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Billy Reese</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>E. Mary Reese</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Reese, Mt. View, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u>		<u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>		<u>about 6 months</u>  <u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			

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) (Minute)	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 11-17-1955, to 11-19-1955, that I last saw the deceased alive on 11-18-1955, and that death occurred at 7:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold H. Lucie, M.D.</u>	23b. ADDRESS <u>609 Cherry Springfield, Mo.</u>	23c. DATE SIGNED <u>11-21-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov. 21, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Corinth</u>
24d. LOCATION (City, town, or county) (State) <u>Mt. View, Missouri</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gorman-Scharof Funeral Home Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-21-55</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	

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

DEC 5 1957

DEC 29 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 Everett S. Smith, Student Embalmer No. 57, working under my personal supervision..

Student Everett S. Smith  
Signature of Student Embalmer

Signed Lewis C. Schaff

Licensed Embalmer No. 3080

P. O. Address Spring

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.