

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5104 State File No. 15528

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY BENTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BENTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WARSAW TOM		c. CITY OR TOWN WARSAW	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 5 years		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) EARL c. (Last) REA			4. DATE OF DEATH (Month) (Day) (Year) MAY 28, 1956		
5. SEX ♂	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 13, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 11 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) grocery		10b. KIND OF BUSINESS OR INDUSTRY ret. grocery dealer		11. BIRTHPLACE (City and State or Foreign Country) Saranath, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Joseph Rea		13b. MOTHER'S MAIDEN NAME Sarah Muse	
14. NAME OF HUSBAND OR WIFE Mary Rea		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OF NAME Mary Rea		ADDRESS Warsaw, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		10 yrs	
		DUE TO (c) debility			
		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 33ix		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 **Mar 1953**, to **May 28, 1956** that I last saw the deceased alive on **May 27, 1956** and that death occurred at **12:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Eussa Sall, D.O.		23b. ADDRESS 2 Warsaw Mo		23c. DATE SIGNED 5/29/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 30, 1956		24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery	
24d. LOCATION (City, town, or county) (State) Marshall Saline Co. Mo		DATE REC'D BY LOCAL REG. May 29-1956		REGISTRAR'S SIGNATURE Jas. A. Logan	
25. FUNERAL DIRECTOR'S SIGNATURE John J. Kiser		ADDRESS Warsaw			

(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..... *John F. Reser*

Licensed Embalmer No. *40*

P. O. Address *Warsaw*

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.