

FILED JUN 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22536

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

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>6162</u>		Registrar's No. <u>30</u>		
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution—residence before admission): a. STATE <u>Mo</u> b. COUNTY <u>Stone</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - Ruth</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>New Reeds Spring Mo</u>		d. STREET ADDRESS (If rural, give location) <u>104th Reeds Spring, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Reina</u> b. (Middle) _____ c. (Last) <u>Kuiper</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 5-1956</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 13-1870</u>		9. AGE (in years last birthday) <u>85</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>22</u>	11. UNDER 100 Hrs. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Holland</u>		12. CITIZEN OF WHAT COUNTRY? <u>Ame.</u>		
13a. FATHER'S NAME <u>Jella Minniga</u>		13b. MOTHER'S MAIDEN NAME <u>Henerietta ?</u>		14. NAME OF HUSBAND OR WIFE <u>Jim Kuiper</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Kuiper - Son.</u>		ADDRESS <u>Reeds Spring</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pylo nephritis</u> ANTECEDENT CAUSES DUE TO (b) <u>Tachycardia</u> DUE TO (c) <u>Don't know Basic cause</u> II. OTHER SIGNIFICANT CONDITIONS <u>old age Gastralgia</u> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>3 Mo.</u> <u>1 yr</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		6000		
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) <u>Reeds Spring - Stone - Mo.</u>				
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 <u>May 28, 1956</u> , to <u>June 4, 1956</u> , that I last saw the deceased alive on <u>June 4, 1956</u> , and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R.S. Shrimate M.D.</u> (Degree or title)				23b. ADDRESS <u>Reeds Spring Mo</u>		23c. DATE SIGNED <u>6/5/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 8-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grace land</u>		24d. LOCATION (City, town, or county) (State) <u>Pella Iowa</u>		
DATE REC'D BY LOCAL REG. <u>June 5-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Brasseur</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett L. Cheatham - Malvern, Mo.</u> ADDRESS _____				

*Reina Murray* Licensed Embalmer's Statement on Reverse Side

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. \_\_\_\_\_

Student .....  
Student Embalmer

Signed Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena Mo.

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.