

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41035

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>DeWitt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DeWitt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>204 Nineth Street</u>		e. STREET ADDRESS (If rural, give location) <u>204 Kennel Nineth St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs Gillian</u> b. (Middle) <u>B.</u> c. (Last) <u>Reis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 30, 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	9. AGE (In years last birthday) <u>83</u> IF UNDER: YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <u>Bullinger Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Bill Banks</u>		13b. MOTHER'S MAIDEN NAME <u>(deceased) Audrey Pullen</u>	
14. NAME OF HUSBAND OR WIFE <u>A. L. Reis</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rayburn Barnes</u> ADDRESS <u>807 Jones Kennett, Mo.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) _____ 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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)	
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>Dec 3, 1956</u> , to <u>Dec 4, 1956</u> , that I last saw the deceased alive on <u>Dec 5, 1956</u> , and that death occurred at <u>7:05 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Emilia Ferguson M.D.</u>		23b. ADDRESS <u>Kennett, Mo.</u>	
23c. DATE SIGNED <u>12-10-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>12-7-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MANITA Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Manita, ARKANSAS</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>EMERSONSON</u> ADDRESS <u>Jonesboro, Ark.</u>	
DATE REC'D BY LOCAL REG. <u>12-11-56</u>		REGISTRAR'S SIGNATURE <u>Paul Huskard</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 12-17-56
COUNTY FILE NUMBER 1256-

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 *Tom T. Emerson*.....

Licensed Embalmer No. 895

P. O. Address *Coneslow,*.....

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.