

FILED AUG 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27276
STATE FILE NUMBER 128

Registration District No. 360 Primary Registration District No. 6225 Registrar's No.

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BARRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEVADA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN CASSVILLE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSP #3		Length of stay in lb 8 YEARS, 2 MONTHS 29 DAYS	d. STREET ADDRESS (If outside, give location) UNKNOWN Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First STEPHEN Middle ALBERT Last REESE			4. DATE OF DEATH Month JULY Day 26 Year 1957
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEBR. 13. 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY NONE	9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months 5 Days 13 Hours 0 Min. 00 IF UNDER 24 HRS. Hours 00 Min. 00
11. BIRTHPLACE (City and state or country) U.S.A		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME STEPHEN ALBERT REESE		13b. MOTHER'S MAIDEN NAME COOK	14. NAME OF HUSBAND OR WIFE ISABELLE MEADOR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT RECORDS STATE HOSP #3 Address NEVADA MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIO SCLEROTIC HEART DISEASE			INTERVAL BETWEEN ONSET AND DEATH 10 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) GENERALIZED ARTERIO SCLEROSIS			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) NONE	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. NO INJURY			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NO INJURY	20f. CITY, TOWN, OR LOCATION CASSVILLE COUNTY BARRY STATE MISSOURI
21. I attended the deceased from 4-27-1949 to 7-26-57 and last saw ^{him} alive on 7-26-57 . Death occurred at 6:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Callink...</i>		(Name or title)	22b. ADDRESS Stovada
22c. DATE SIGNED 7-26-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-29-1957	23c. NAME OF CEMETERY OR CREMATORY Horner Cemetery	23d. LOCATION (City, town, or county) (State) Cassville Barry Missouri
24. FUNERAL DIRECTOR Culver's Funeral Home - Cassville Mo		25. DATE RECD. BY LOCAL REG. 7-30-1957	26. REGISTRAR'S SIGNATURE <i>Anna E. Perry</i>

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 *Margaret C. Herbest*

Licensed Embalmer No. *4389*

P. O. Address *Cassville*

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.