

Health,  
& Welfare  
S. Public  
th Service

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v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD CERTIFICATE OF DEATH

39160

STATE FILE NUMBER

FILED NOV 26 1957

Registration District No. 32 Primary Registration District No. 5109 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <b>Bollinger</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bollinger</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Crooked Creek Township</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Crooked Creek Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <b>15 Miles S.E. of Fredericktown</b>		Length of stay in lb <b>48 years</b>	d. STREET ADDRESS <b>15 mi. S.E. of Fredericktown</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>First Middle Last Lonnie Leroy Reagan</b>			4. DATE OF DEATH <b>Month Day Year Nov. 17, 1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 16, 1878</b>		9. AGE (In years last birthday) <b>79</b> IF UNDER 1 YEAR Months <b>1</b> Days <b>1</b> IF UNDER 24 HRS. Hours <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Madison County, Missouri</b>	
13. FATHER'S NAME <b>Henry Reagan</b>			14. MOTHER'S MAIDEN NAME <b>Mary Miller</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs. Ellen Reagan - Marquand, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>					INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic arteriosclerotic hypertension</b>					<b>years</b>
DUE TO (c) <b>Chronic myocarditis &amp; coronary atherosclerosis</b>					<b>years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>4201</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour <b>11:30 A.M.</b> Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION <b>Fredericktown Mo.</b>	
21. I attended the deceased from <b>Nov. 1957</b> to <b>10/24/57</b> and last saw <b>him</b> alive on <b>10/24/57</b> Death occurred <b>Nov. 17, 1957</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Maurin Prossman MD</b>			22b. ADDRESS <b>Fredericktown Mo.</b>		22c. DATE SIGNED <b>11/18/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Nov. 20, '57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Union Light Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Bollinger County, Mo.</b>
24. FUNERAL DIRECTOR <b>W. P. Peterson</b>		ADDRESS <b>Fredericktown, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11/20/57</b>	26. REGISTRAR'S SIGNATURE <b>Mr. Buford Crader</b>

(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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Raymond B. Wilson*

Licensed Embalmer No. *488*

P. O. Address *Fredonia*

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.