

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44943  
STATE FILE NUMBER

FILED DEC 31 1957

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 90

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Waverly</b> TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Missouri City</b> <sup>640</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Kelling Clinic</b>		Length of stay in lb <b>1 Hour</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>James Edward Rea</b>			4. DATE OF DEATH Month Day Year <b>12/25/1957</b>
5. SEX <b>C</b> <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 12/1942</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>High School</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Edward Maurice Rea</b>	
13b. MOTHER'S MAIDEN NAME <b>Evelyn Crabtree</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Edward Rea Missouri City, 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>① Fractured skull, Fr left femur</b> DUE TO (b) <b>② Pulmonary edema 4 Fr Cervical spine</b> DUE TO (c) <b>③ Cerebral hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Motor car wreck.</b>			INTERVAL BETWEEN ONSET AND DEATH
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.) <b>Motor car left slope &amp; struck bank, demolished</b>		
20c. TIME OF INJURY Hour Month, Day, Year <b>11: p.m. 12-29-57</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>Waverly Lafayette Mo</b>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <b>Waverly Lafayette Mo</b>		COUNTY STATE <b>Clay Mo</b>
21. I attended the deceased from <b>at the death</b> and last saw him alive on <b>over</b> Death occurred at <b>12-25-57 12:05 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. W. Weston, M.D.</b> (Degree or title)		22b. ADDRESS <b>Odessa Mo</b>	22c. DATE SIGNED <b>12-25-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/27/1957</b>	23c. NAME OF CEMETERY OR CREMATORY. <b>Mo. City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Missouri City, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Bailey Funeral Home Waverly Mo</b>		25. DATE RECD. BY LOCAL REG. <b>12-25-57</b>	26. REGISTRAR'S SIGNATURE <b>Morris O Bailey</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

JAN 7

1958

### 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 *M. Annie D. Bailey* .....

Licensed Embalmer No. *4287* .....

P. O. Address *Waverly, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.