

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004313

STATE FILE NUMBER

FILED FEB 17 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 50

Health,
Welfare
Public
Service

300
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

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirkville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kirkville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR C. N. H. # #1 Length of stay in lb		d. STREET ADDRESS 513 E. Filmore (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Enoch Middle Harrison Last Reger			4. DATE OF DEATH Feb. 10, 1958 Month Day Year
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 22, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (In years last birthday) 78 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) Sullivan Co., Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME James K. Reger		14. MOTHER'S MAIDEN NAME Mallissa Clem	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. X	17. INFORMANT Address Mrs. Sadie Reger, Kirkville, 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) Aspiration pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cachexia and debilitation DUE TO (c) arteriosclerosis 4500			INTERVAL BETWEEN ONSET AND DEATH Days weeks unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Chronic valvular heart disease			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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	COUNTY STATE
21. I attended the deceased from 1-3-58 to 2-10-58 and last saw ^{her} him alive on 2-10-58 Death occurred at 5:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (degree or title) George H. Schurr, D.O.		22b. ADDRESS Kirkville, Mo.	22c. DATE SIGNED 2-12-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/13/58	23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery	23d. LOCATION (City, town, or county) (State) La Plata, Mo.
24. FUNERAL DIRECTOR Calvin P. ... ADDRESS Kirkville, Mo.		25. DATE RECD. BY LOCAL REG. 2-13-58	26. REGISTRAR'S SIGNATURE Doris W. Rathb...

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 *George W. Davel*

Licensed Embalmer No. *47*

P. O. Address *Kirkland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.