

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021440

STATE FILE NUMBER

FILED JUL 10 1958

Registration District No. 272

Primary Registration District No. 6912

Registrar's No. 23

300
1-57

1. PLACE OF DEATH a. COUNTY Dunklin Co. Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death.) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) Steele, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY Rt. 3 Steele, Mo. OR TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None		Length of stay in lb 20 Yrs.	d. STREET ADDRESS Rt. 3 (If outside, give location) Steele, Mo. 6780

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First Winefield	Middle	Last Rease	Month 6 Day 29 Year 58

5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/15/1895	9. AGE (In years, Months, Days) 63 yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State, or country) Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert Rease	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Josie Rease
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give major dates of service) Yes W.W.I	16. SOCIAL SECURITY NO.	17. INFORMANT Josie Rease Address Rt. 3 Steele, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input 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.)
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20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from _____ to 6-29-58 and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Wm. C. Daniel, M.D. (Degree or title)	22b. ADDRESS Steele, Mo	22c. DATE SIGNED 7-1-58
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23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE 7/7/58	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem.	23d. LOCATION (City, town, or county) (State) Hermendale, Mo.
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24. FUNERAL DIRECTOR Cecil V. Horne Blytheville, Ark.	25. DATE RECD. BY LOCAL REG. 2-5-58	26. REGISTRAR'S SIGNATURE [Signature]
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

7-188-58

JUL 1 1958

JUL 8 1958

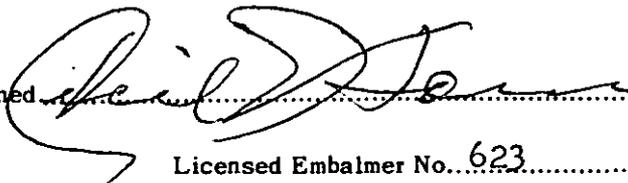
PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARTHERSVILLE, MO.

JUL 10 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 Me, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 623

P. O. Address... Blytheville, Ar

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.