

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033944
STATE FILE NUMBER

FILED SEP 23 1958 Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 353

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Pineville, Missouri, Florissant</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Flat River</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b INSTITUTION <i>Pine Mines - Elvira Mo.</i>				d. STREET ADDRESS <i>309 Lewis</i> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>Mr. Dale William Reasmeyer</i>			4. DATE OF DEATH Month Day Year <i>Sept. 16 1958</i>				
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>April 14 - 1928</i>	
9. AGE (In years last birthday) <i>30-5-2</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mining Engineer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>St. Joseph Lead Co</i>		11. BIRTHPLACE (City and state or country) <i>Sibestone - Minnesota</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Mr. William Reasmeyer</i>				14. MOTHER'S MAIDEN NAME <i>Dalva Bradley</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>Yes. 4/1946 - to 4/8/1948</i>				16. SOCIAL SECURITY NO. <i>399-229-287</i>		17. INFORMANT <i>Mrs. Dale Reasmeyer - 309 Lewis St. Flat River Mo.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Skull fracture, crushed chest & multiple injuries received in mine accident.</i>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause (b). <i>9362</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>No inquest deemed necessary after investigation.</i>							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 for Part II of item 18.) <i>Injuries received in mine accident.</i>					
20c. TIME OF INJURY Hour Month, Day, Year <i>10:30 p.m. 9/16/58</i>							
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, factory, street, office bldg., etc.) <i>Lead Mine</i>		20f. CITY, TOWN, OR LOCATION <i>St. Francois</i>		20g. COUNTY STATE <i>Mo.</i>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <i>10:57 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Bert J. Muller</i> (Degree or title) <i>Coroner</i>				22b. ADDRESS <i>Farmington, Mo.</i>		22c. DATE SIGNED <i>9/18/58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		23b. DATE <i>Sept 19-1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Hill View Memorial Gardens</i>		23d. LOCATION (City, town, or county) (State) <i>Farmington Mo.</i>	
24. FUNERAL DIRECTOR <i>Whitehead</i>		ADDRESS <i>303 Crane St. Flat River, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Sept. 18, 1958</i>		26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Abrie W. Hood*

Licensed Embalmer No. *278*
303 Crane St.
P. O. Address *Flek River, Va.*

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