

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043115  
STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 379 Primary Registration District No. 6287 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pleasant Valley Twp.</u>		c. CITY OR TOWN <u>Vanzant</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 Mi. west Mansfield</u>		Length of stay in lb <u>0390</u> STREET ADDRESS (If outside, give location) <u>0</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Alvis</u> Last <u>Reece</u>		4. DATE OF DEATH Month <u>October</u> Day <u>20</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>September 20, 1895</u> <u>9/21/1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rural Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Post Office</u>	11. BIRTHPLACE (City and state or country) <u>Topaz, Missouri</u>
13a. FATHER'S NAME <u>William Reece</u>		13b. MOTHER'S MAIDEN NAME <u>Elaine Freeman</u>	14. NAME OF HUSBAND OR WIFE <u>Florence Sue Reece</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WW #1</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Florence Reece</u> Address <u>Vanzant, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>about 1 1/2 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
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? YES <input type="checkbox"/> NO <input type="checkbox"/> C.
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.) <u>4201</u>		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	BY: 1. AFFIDAVIT OF Funeral Director 2. DOCUMENT Civil Service Form 2806-1 DATE 4-6-52		
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 <u>10-20-58</u> to <u>10-20-58</u> and last saw <sup>her</sup> him alive on <u>10-20-58</u> Death occurred at <u>12:45 p</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Tom Ruching M.D.</u>		22b. ADDRESS <u>Mtn. Grove, Missouri</u>	22c. DATE SIGNED <u>10/22/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-22-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Vanzant Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Vanzant, Missouri</u>
24. FUNERAL DIRECTOR <u>LYNN F. EVANS Houston, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10/24/58</u>	26. REGISTRAR'S SIGNATURE <u>Tom Ruching</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOV 18 1958

VS  
MAY 4  
1960

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 Lewell C. Craig

Licensed Embalmer No. 4766

P. O. Address Mrs. Brew, M

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.