

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008269  
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 99

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Pollock - Rural</u> 16-50 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Laughlin Hospit</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Jackson Tw 10</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Kela Austin Reece</u>			4. DATE OF DEATH Month Day Year <u>3 5 -59</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>8-15-1884</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <u>74 6 20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Boydton - MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>John Reece</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Fern Oldaker</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Fern Reece Pollock - MO</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>Multiple Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Congestive Failure</u>	
	DUE TO (c) <u>4201</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Benign Prostatic Hypertrophy - Atonia - 1st DEGREE Heart Block

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 a.m. p.m. Month, Day, Year	

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 2-2-59 to 3-5-59 and last saw him alive on 3-4-59  
Death occurred at 3:20 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Earl Lauchlin Do 2</u>	22b. ADDRESS <u>Kirksville, Mo</u>	22c. DATE SIGNED <u>3-12-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-8-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Mulan Mo</u>
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24. FUNERAL DIRECTOR <u>Schoenes</u> Address <u>Mulan Mo</u>	25. DATE RECD. BY LOCAL REG. <u>3-24-1959</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Rathoff</u>
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(Licensed Embalmer's Statement on Reverse Side)

EARL LAUCHLIN DO  
MEDICAL CERTIFICATION  
USE ONLY INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be copiously related

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 *Dwight Schaefer* .....

Licensed Embalmer No. *2667* .....

P. O. Address *Milwaukee 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.