

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013665
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 172

FILED APR 21 1959

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1-57

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1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence <u>7000</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Indep. San.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 12215 E. 47th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HAROLD Middle ALBERT Last REIF			4. DATE OF DEATH Month April Day 14 , Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-3- 1925	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Jack Cooper Trans.	11. BIRTHPLACE (City and state or country) Carrollton, Ill	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Reif	13b. MOTHER'S MAIDEN NAME Clare Holmes	14. NAME OF HUSBAND OR WIFE Doris M. Reif
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Coast Guard	16. SOCIAL SECURITY NO. 341-24-7101	17. INFORMANT Mrs. Doris M. Reif, 12215 E. 47 th, Indep Address
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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) Bullet Wound Head		INTERVAL BETWEEN ONSET AND DEATH 976X
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 checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter cause of injury in PART I or PART II of item 18.) Self Inflicted
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 1-14-59	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4213 Arlington	20f. CITY, TOWN, OR LOCATION Independence	COUNTY Jackson	STATE MO
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21. I attended the deceased from _____ to _____ 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 George C. Carson (Degree or title) 3	22b. ADDRESS 1034 Bealto Bldg	22c. DATE SIGNED 4-19-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/14/59	23c. NAME OF CEMETERY OR CREMATORY Carrollton, Illinois	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR George C. Carson, Indep. Mo.	25. DATE RECD. BY LOCAL REG. 4-14-59	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.

APR 24 1959

AUG 30 1961

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

VS APR 14 1960

Signed *Dean W. Huff*

Licensed Embalmer No. *4914*

P. O. Address *Indy, 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.