

DED

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 50 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Patton Union Twp.</u>		Length of stay in lb <u>48 Years</u>		c. CITY OR TOWN <u>Patton</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 <u>patton, mo</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Minnie</u> Last <u>Reagan</u>				4. DATE OF DEATH Month <u>July</u> Day <u>25</u> Year <u>1959</u>				
5. SEX <u>♀</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 25-1982</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>7</u> Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Lixville, ma</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Henry Clements</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. M. M. Reagan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT <u>W. E. Reagan</u>		Address <u>Patton, 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>Acute Circulatory Failure</u> DUE TO (b) <u>Coronary Artery Occlusion</u> DUE TO (c) <u>Coronary atherosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)				
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		
21. I attended the deceased from <u>Dead upon my arrival</u> and last saw her/him alive on _____ Death occurred at <u>1:30 p.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Alex E. Kinde Coron.</u>				22b. ADDRESS <u>Lutesville, Mo.</u>		22c. DATE SIGNED <u>July 26, 1959</u>		
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 28-1959</u>	23c. NAME OF CEMETERY OR CREMATORRY <u>Old Baptist</u>		23d. LOCATION (City, town, or county) <u>6mi. north of Patton, Mo.</u>			
24. FUNERAL DIRECTOR <u>Alex E. Kinde</u>		ADDRESS <u>Lutesville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7/27/59</u>		26. REGISTRAR'S SIGNATURE <u>Mr. Buford Crader</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010
P. O. Address Lutesville

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.