

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012029

FILED VS MAR 28 1960
 SCHEDULED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 125

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Benton				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia, Mo.		Length of stay in lb 4 days		c. CITY OR TOWN Cole Camp Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital			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 THOMAS Middle S. Last RESER				4. DATE OF DEATH Month March Day 17 Year 1960				
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 MAR. 6 1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 0 Days 17	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor		10b. KIND OF BUSINESS OR INDUSTRY Medical Doctor		11. BIRTHPLACE (City and state or country) Hickory County		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME WASHINGTON F. RESER			13b. MOTHER'S MAIDEN NAME CYNTHIA ANNE MORGAN		14. NAME OF HUSBAND OR WIFE Kate Reser			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Kate Reser, Cole Camp Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) glomerular nephritis DUE TO (b) general arterio sclerosis DUE TO (c) 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 3-14-60 to 3-17-60 and last saw him alive on 3-17-60 Death occurred at 8:24 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) W. Boyer M.D.				22b. ADDRESS Sedalia Mo		22c. DATE SIGNED 3/19/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE MAR. 20, 1960	23c. NAME OF CEMETERY OR CREMATORY Fischer Cemetery		23d. LOCATION (City, town, or county) (State) Preston, Hickory Co. Mo.				
24. FUNERAL DIRECTOR Reser Funeral Home - Warren Mo			25. DATE RECD. BY LOCAL REG. 3-21-1960		26. REGISTRAR'S SIGNATURE Frances Shelby			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 2 1960

STATEMENT BY LICENSED EMBALMER

APR 27 1960

APR 25 1960

JUN 1 3 1960

APR 7

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 John J. Reese

Licensed Embalmer No. 4098

P. O. Address Warsaw

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