

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015022

FILED VS APR 18 1960

Registration District No. 133 Primary Registration District No. 4211 Registrar's No. 49

STATE FILE NUMBER

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eagleville		Length of stay in 1b 4 years		c. CITY OR TOWN Eagleville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			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 checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Merrill Middle Lee Last Reece				4. DATE OF DEATH Month April Day 7 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 12-8-02	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY General farm		11. BIRTHPLACE (City and state or country) Maryville, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Ernest Lee Reece			13b. MOTHER'S MAIDEN NAME Frances Williams			14. NAME OF HUSBAND OR WIFE Marie Reece			
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. 491-30-9206		17. INFORMANT Marie Reece			Address Eagleville, 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) Medullary Failure								INTERVAL BETWEEN ONSET AND DEATH Unknown	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombotic Encephalomalacia								"	
DUE TO (c) Arteriosclerosis								"	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None known						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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) XXXXXXXXXX						
20c. TIME OF DEATH Hour XXXX a.m. / p.m. Month XXXX 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.) XXXXXXXXXX		20f. CITY, TOWN, OR LOCATION XXXXXXXXXX		COUNTY		STATE	
21. I attended the deceased from 4-7-60 to 4-7-60 and last saw ^{her} him alive on 4-7-60 Death occurred at 3130 ^p m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) R. N. Clarke D. O.				22b. ADDRESS Eagleville, Missouri.				22c. DATE SIGNED 4-9-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-10-60		23c. NAME OF CEMETERY OR CREMATORY Glaze Cemetery		23d. LOCATION (City, town, or county) (State) RFD Cainsville, Mo.			
24. FUNERAL DIRECTOR [Signature]			ADDRESS Cainsville, Mo.		25. DATE RECD. BY LOCAL REG. 4-10-1960		26. REGISTRAR'S SIGNATURE [Signature]		

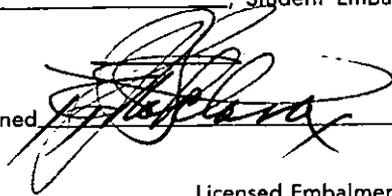
JAN 27 1961

AUG 17 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 or by Eddie J. Stoklasa Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.