

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048507

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 589 Registrar's No. 171

DO NOT WRITE ON THIS STUB

AMENDED

**FILED DEC 18 1963**

VS 300  
Rev. 4/59

1 0500  
2 0506  
3 2  
4 0  
5 1  
6  
7 0  
8 2  
9 5271  
10  
11  
12 1-0  
13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>JEFF.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>FESTUS</b>		c. CITY OR TOWN <b>FESTUS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>JEFF. MEMORIAL HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>703 HUBER</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>WILLIAM F. REECE</b>		4. DATE OF DEATH Month Day Year <b>12-11-63</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-1-1905</b>
9. AGE (last birthday) <b>58</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) <b>LINEMAN AND REPAIRMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BELL TELEPHONE CO. PEVELY, MO.</b>	11. BIRTHPLACE (City and state or country) <b>USA</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>WILLIAM L. REECE</b>	
13b. MOTHER'S MAIDEN NAME <b>MARY LANIA JANES</b>		14. NAME OF HUSBAND OR WIFE <b>BEULAH</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>BEULAH REECE FESTUS, MO.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Emphysema</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3+ year</b>
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) -			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>11/5/63</u> to <u>12/11/63</u> and last saw him alive on <u>12/11/63</u>		Death occurred at <u>10:50 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS	
22c. NAME OF CEMETERY OR CREMATORY <b>PEVELY LUTHERAN</b>		22d. DATE SIGNED	
23a. BURIAL CREATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>12-11-63</b>	
23c. LOCATION (City, town, or county) <b>PEVELY, MO.</b>		23d. (State)	
24. FUNERAL DIRECTOR <b>GENTRY R. POLITTE</b>		25. DATE RECD. BY LOCAL REG. <b>12-13-63</b>	
26. ADDRESS <b>CRYSTAL CITY, MO.</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE BLACK INK OR TYPEWRITER RIBBON

W-100-000

DEC 19 1963

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

*Gentry R. Polette*

Licensed Embalmer No.

3481

P. O. Address

Crystal City, 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.