

FILED APR 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 7705

BIRTH NO.		REG. DIST. NO. 64		PRIMARY REG. DIST. NO. 5245		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY Chariton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Chariton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keytesville		c. LENGTH OF STAY (If in place) 6 3/4 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keytesville		2/0	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 3			
3. NAME OF DECEASED (Type or Print) a. (First) Cam		b. (Middle) Pansome		c. (Last) Ree		4. DATE OF DEATH (Month) (Day) (Year) Feb 28 1949	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Aug-12-1858	
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months 6 Days 16		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTH PLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Clement Ree		13b. MOTHER'S MAIDEN NAME Catherine Hagg		14. NAME OF HUSBAND OR WIFE Rebecca Soles			
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'S SIGNATURE OR NAME ADDRESS Mrs. Nora Hart Keytesville Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. as 51X				INTERVAL BETWEEN ONSET AND DEATH 3 da	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION as 51X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 18, 1949 to Feb 28, 1949 , that I last saw the deceased alive on Feb 27, 1949 , and that death occurred at 9:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Carl C. Heger D. M.D.				23b. ADDRESS Keytesville Mo		23c. DATE SIGNED 2/2/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE March 2, 1949		24c. NAME OF CEMETERY OR CREMATORY Corinth		24d. LOCATION (City, town, or county) (State) Keytesville Mo	
DATE RECD BY LOCAL REG. 3/2/49		REGISTRAR'S SIGNATURE W. H. ...		25. FUNERAL DIRECTOR'S SIGNATURE James M. ...		ADDRESS Marceline Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

21
00

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-1-49

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
Student Embalmer

Signed Blanche M^oLang Klein

Licensed Embalmer No. 1909

P. O. Address Marceline M

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 this body is not embalmed, fact should be so stated above.