

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15391

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 6290 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo "Rural"</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo "Rural"</u>	
c. LENGTH OF STAY (in this place) <u>3 Yrs.</u>		d. STREET ADDRESS (If rural, give location)	
- d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alphonse</u> b. (Middle) _____ c. (Last) <u>Reygaert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1949</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 8, 1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Days <u>0</u>	IF UNDER 24 HRS. Hours <u>14</u>	Min. <u>_____</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Belgium</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	

13a. FATHER'S NAME <u>Ferdinand Reygaert</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Emil Reygaert</u>	ADDRESS <u>Buffalo, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Stenosis & Cardiac Decompensation</u>		
	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.		<u>410X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Claude O. Sammons M.D.</u> (Degree or title)	23b. ADDRESS <u>Buffalo Mo.</u>	23c. DATE SIGNED <u>5-23-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-24-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Vincents Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>LaSalle, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>5-24-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. B. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Jones</u>	ADDRESS <u>Buffalo, Mo.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

RECEIVED

District Health Officer No. 1

District File Number 4-49-59

Date Filed 5-25-49

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.

Signed _____

Leonard B. Jones

Student Embalmer No. _____

Student Embalmer

Licensed Embalmer No. 2599

P. O. Address Buffalo 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 this body is not embalmed, fact should be so stated above.