

No. 300  
10.48

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27595

19

BIRTH NO. _____		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 2913		Registrar's No. 53	
1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Perry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. LENGTH OF STAY (In this place) Bois Brul 80		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		Bois Brul	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) M.		c. (Last) Reiss		4. DATE OF DEATH (Month) (Day) (Year) July 26 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 13 1869	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Perry Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Martin Reiss		13b. MOTHER'S MAIDEN NAME Regine Untereiner		14. NAME OF HUSBAND OR WIFE Theresa Hunt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Martin Reiss Perryville Mo. R # 3			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Cardio-vascular DUE TO (c) renal disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days 5 yrs 442X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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)		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 <u>Nov 15, 1946</u> to <u>July 26, 1949</u> , that I last saw the deceased alive on <u>July 25, 1949</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D.A. Carrow M.D.</u> (Degree or title)				23b. ADDRESS <u>Perryville Mo</u>		23c. DATE SIGNED <u>7/26/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 29 1949		24c. NAME OF CEMETERY OR CREMATORY St. Boniface Cem.		24d. LOCATION (City, town, or county) (State) Perryville Mo.	
DATE REC'D BY LOCAL REG. <u>July 29 1949</u>		REGISTRAR'S SIGNATURE <u>Joe J. Zellmer</u> 250		25. FUNERAL DIRECTOR'S SIGNATURE <u>Young &amp; Sons Perryville Mo</u> ADDRESS			

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-6-49

District Health Officer No. 4

District File Number 949-1160

Date     

JUL 31 1957

SEP 6 1949

**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 Wallace Young

Licensed Embalmer No. 7027

P. O. Address Perryville 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.