

S. No. 300
V. 10.48

FILED DEC 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38218

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 417	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (in this place) lifetime		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia		6	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Memorial				d. STREET ADDRESS (If rural, give location) 414 North Hurley			
3. NAME OF DECEASED (Type or Print) a. (First) KENNETH		b. (Middle) HOWARD		c. (Last) REESE		4. DATE OF DEATH (Month) (Day) (Year) Nov. 27, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 19, 1912	
9. AGE (In years last birthday) 37		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work) Fireman power house		10b. KIND OF BUSINESS OR INDUSTRY Mo-Pac. Shops		11. BIRTHPLACE (State or foreign country) Pettis County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Reese		13b. MOTHER'S MAIDEN NAME Maud Myrtle Reese		14. NAME OF HUSBAND OR WIFE Loueva Pummill Reese			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 500-10-5670		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James H. Reese, bro. Sedalia, 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) Intracranial haemorrhage ANTÉCEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) result of collision between his car and railroad train II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 27					
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R.R. Crossing		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia Pettis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) - (Hour) Nov. 27 1949 8:00 am		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? His car hit by railroad train at Mo. Pacific Shop crossing 127'			
22. I hereby certify that I viewed the deceased from as <u>Coroner</u> <u>in</u> <u>person</u> , that I <u>did</u> <u>not</u> see the deceased alive on <u>Nov. 27, 1949</u> , and that death occurred at <u>6:00</u> p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. Jordan Steinfels</u> <u>MD</u>				23b. ADDRESS <u>Corner, Pettis Co. Mo</u>		23c. DATE SIGNED <u>11-28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>11/29/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miller Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rural, Pettis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/29/49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u> <u>2510</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marion Ewing</u>		ADDRESS <u>Sedalia, Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 5

District Health Officer No. 8,

District File Number.....

Date Filed 12-6-49

DEC 14 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 Warren K Dietz

Licensed Embalmer No. 4583

P. O. Address Seaside, 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.