

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38353**

FILED DEC 1 1949

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **248**

3688

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

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	c. LENGTH OF STAY (in this place) 6	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	d. STREET ADDRESS (If rural, give location) 112 So Morley
d. FULL NAME OF HOSPITAL OR INSTITUTION McCormick Hospital		d. STREET ADDRESS (If rural, give location) 112 So Morley	

3. NAME OF DECEASED (Type or Print) a. (First) Elelia b. (Middle) Pearl c. (Last) Reese			4. DATE OF DEATH (Month) (Day) (Year) Nov 21 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 24 1881	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Days 4 IF UNDER 11 HRS. Hours 28 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Moses Holliday		13b. MOTHER'S MAIDEN NAME Modata		14. NAME OF HUSBAND OR WIFE William C Reese	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William C. Reese	

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 2 year 4 year 190X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C.A. of Lung		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) C.A. of Breast DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 **Oct 24**, 1949, to **Nov 21**, 1949, that I last saw the deceased alive on **Nov 21**, 1949, and that death occurred at **3:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. H. McCormick, D.O.	23b. ADDRESS 300 1/2 Reed St. Moberly Mo.	23c. DATE SIGNED Nov 21, 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 24 1949	24c. NAME OF CEMETERY OR CREMATORY Oakland
24d. LOCATION (City, town, or county) (State) Moberly Mo.		

DATE REC'D BY LOCAL REG. Nov 24 1949	REGISTRAR'S SIGNATURE Leah Brezian	FUNERAL DIRECTOR'S SIGNATURE Malow and Low	ADDRESS Moberly Mo
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11531 4.30 11

RECEIVED NOV 28 1949
District Health Officer No. 10
District File Number 11-49-12
Date Filed NOV 28 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Frank D. McNeill

Signed.....
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.