

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39927

State File No. ....

BIRTH NO. .... REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6150 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <b>STODDARD</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>		b. COUNTY <b>STODDARD</b> /103	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL NEW LISBON</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL NEW LISBON</b> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>Puxico, Route # 1.</b> 0			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>EDWARD</b>	b. (Middle) <b>J.</b>	c. (Last) <b>REITER</b>	(Month) <b>Oct.</b>	(Day) <b>31,</b>	(Year) <b>1949</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 27, 1890</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Days <b>2</b>	IF UNDER 24 HRS. Hours <b>4</b>	IF UNDER 1 MIN. Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Cape county, Missouri</b> 0		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>John Reiter</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Myer</b>	14. NAME OF WIFE OR WIFE <b>Pearl Reiter</b>
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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) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Pearl Reiter, Puxico, Mo. R. #1</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRONCHOGENIC CARCINOMA-LUNG</b>		INTERVAL BETWEEN ONSET AND DEATH <b>APPROX 9mos</b>  <b>162X</b>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from 1-5-49, 1949, to 10-30, 1949, that I last saw the deceased alive on 10-30, 1949, and that death occurred at 1:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Typed or title) <b>E. J. Davis MD</b>	23b. ADDRESS <b>NO 2 Bronzfield</b>	23c. DATE SIGNED <b>11-15-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 1-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Puxico cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Puxico, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11-28-49</b>	REGISTRAR'S SIGNATURE <b>Glad Morgan 358</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>CHILES UND. CO. Bloomfield, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

103  
0  
0

RECEIVED DEC 5 19

District Health Office No. 2

District File Number 1249-12

Date Filed \_\_\_\_\_

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 James C. Cooper

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.