

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14901

State File No. 3921

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis, Missouri.)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2129			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital..				d. STREET ADDRESS (If rural, give location) 245 Union Blvd., 0			
3. NAME OF DECEASED (Type or Print) a. (First) Ernest		b. (Middle) Clair		c. (Last) Rea.		4. DATE OF DEATH (Month) (Day) (Year) April 30, 1950.	
5. SEX Male.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.		8. DATE OF BIRTH June 26, 1883.		9. AGE (In years last birthday) 66. IF UNDER 1 YEAR Months Days IF UNDER 4 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bres., St. Louis Lightening Protection Co.		10b. KIND OF BUSINESS OR INDUSTRY Co. Corydon, Iowa.		11. BIRTHPLACE (State or foreign country) Corydon, Iowa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Everett A. Rea.		13b. MOTHER'S MAIDEN NAME Irene Albertson.		14. NAME OF HUSBAND OR WIFE Nelle Marlett Rea.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no. no.		16. SOCIAL SECURITY NO. 443-10-5639		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Charles Proctor, Columbia, Missouri.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Neurothorax Mediastinal shift 2" of sternum suffered in automobile accident in April #61 and 47" ascent 6 miles west of Dier (Lincoln County) April 28 1950. Cause and manner of same could not be determined.				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last.					
		II. OTHER SIGNIFICANT CONDITIONS open Verdict				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		21c. CITY, TOWN, OR TOWNSHIP Tracy (Lincoln) (COUNTY) (STATE)			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Verdict		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Tracy		21d. TIME OF INJURY (Month) (Day) (Year) Apr 28 50 7:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
				21f. HOW DID INJURY OCCUR? DM Veh. # E8164			
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 7:20 p.m. , from the causes and on the date stated above. L.D.							
23a. SIGNATURE Walter Percy Reptom (Degree or title)				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5/1/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation.		24b. DATE 5/2/50.		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory.		24d. LOCATION (City, town, or county) (State) 7800 St. Charles Road.	
DATE REC'D BY LOCAL REG. MAY 1 1950		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, 7233 Delmar Blvd.,			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 19 1950

MAR 19 1950

650 47 100

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 Arnold W. Schoene.....

Licensed Embalmer No. 3864.....

P. O. Address St. Louis, 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.