

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17050

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. No. 3026 Registrar's No. 218

0484

0484

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
c. LENGTH OF STAY (in this place) 40 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium		d. STREET ADDRESS (If rural, give location) 923 N. Crysler	

3. NAME OF DECEASED (Type or Print) a. (First) Frank	b. (Middle) L.	c. (Last) Ream	4. DATE OF DEATH (Month) - (Day) - (Year) May 31, 1950
---	--------------------------	--------------------------	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 22, 1884	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 0	IF UNDER 11 HRS. Days 0	Hours 0	Min. 0
-----------------------	----------------------------------	--	--	--	---------------------------------------	--------------------------------------	-------------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw & machine repair	10b. KIND OF BUSINESS OR INDUSTRY self employed	11. BIRTHPLACE (State or foreign country) Smith County, Kansas.	12. CITIZEN OF WHAT COUNTRY? USA
--	---	---	--

13a. FATHER'S NAME Henry S. Ream	13b. MOTHER'S MAIDEN NAME Mary Bates	14. NAME OF HUSBAND OR WIFE Mrs. Esta Ream
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Esta Ream, Independence, Mo.	ADDRESS
---	--	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH 5 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis with myocardial infarction		yes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1201	

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 10/18, 1949, to 5/31, 1950, that I last saw the deceased alive on 5/31, 1950, and that death occurred at 6:20 A. M., from the causes and on the date stated above.

22a. SIGNATURE Chas. X. Grabske M.D.	(Degree or title)	23b. ADDRESS Independence, Mo	23c. DATE SIGNED 5/31/50
--	-------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 3, 1950	24c. NAME OF CEMETERY OR CREMATORY Mc Grove Cem.	24d. LOCATION (City, town, or county) (State) Independence, Mo.
--	----------------------------------	--	---

DATE REC'D BY LOCAL REG. June 1-1950	REGISTRAR'S SIGNATURE James H. Carson	354	25. FUNERAL DIRECTOR'S SIGNATURE James H. Carson	ADDRESS Independence, Mo.
--	---	-----	--	-------------------------------------

JUN 3 RECD

JUL 14 1950

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 Tom D. Markland.....

Licensed Embalmer No. 4592.....

P. O. Address Indep. 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.