

FILED OCT 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32342**

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 4443		Registrar's No. 89	
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Shannon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree		c. LENGTH OF STAY (in this place) 40 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Lemuel c. (Last) Reese				4. DATE OF DEATH (Month) (Day) (Year) Sept 11-50			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Sept 7-1869	
9. AGE (In years last birthday) 81		10. MONTHS 0		11. YEARS 4		12. IF UNDER 18 HRS. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Dealer				10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZENRY OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Sherwood Reese			13b. MOTHER'S MAIDEN NAME Nancy Welch			14. NAME OF HUSBAND OR WIFE Mariar Pinnell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sherwood Reese Cabool, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		INTERVAL BETWEEN ONSET AND DEATH					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		234X					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on Sept 8, 1950 , and that death occurred at 4 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. J. Davis M.D.				23b. ADDRESS Birch Tree Mo.		23c. DATE SIGNED 10/9-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-13-50		24c. NAME OF CEMETERY OR CREMATORY Mtn View		24d. LOCATION (City, town, or county) (State) Mountain View, Mo.	
DATE REC'D BY LOCAL REG. 10-9-50		REGISTRAR'S SIGNATURE Esther Reese		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo			

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

1010

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 *Joe R. Surman*

Licensed Embalmer No. *4325*

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.