

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

95

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 5073		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY BARTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BARTON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL- NORTHFORK TWSP.		c. LENGTH OF STAY (in this place) 73 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL- NORTHFORK TWSP.			
d. FULL NAME OF HOSPITAL OR INSTITUTION LAMAR R#2				d. STREET ADDRESS (If rural, give location) LAMAR R#2			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLEY b. (Middle) EZRA c. (Last) REILEY			4. DATE OF DEATH FEB 2 1951				
5. SEX M D	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH NOV 30 1877	9. AGE (in years less birthday) 75	if UNDER 1 YEAR 2 Months 2 Days	if UNDER 12 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY OWN FARM		11. BIRTHPLACE (State or foreign country) LAMAR, MISSOURI D		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME CHRISTIAN REILEY			13b. MOTHER'S MAIDEN NAME SARAH KUNKLER		14. NAME OF HUSBAND OR WIFE XXX		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO XXX		16. SOCIAL SECURITY NO. XXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. JOHN BURRIS, LAMAR, MO. R2			
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) was found dead in Road 100 yds E of his home. DUE TO (c) Road 100 yds E of his home. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION					INTERVAL BETWEEN ONSET AND DEATH 4 20/1
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) m.		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 _____, 19____, and that death occurred at 3:00p m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. Duckett M.D. Coroner Barton Co. Mo.				23b. ADDRESS Lamar Mo.		23c. DATE SIGNED Feb 3-1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB 4 1951		24c. NAME OF CEMETERY OR CREMATORY OAKTON CEMETERY		24d. LOCATION (City, town, or county) (State) OAKTON, MISSOURI	
DATE REC'D BY LOCAL REG. FEB 3 - 1951		REGISTRAR'S SIGNATURE Marie Konantz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25 KONANTZ FUNERAL HOME, LAMAR, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - St. Louis field

RECEIVED FEB 6 1951

Dist. File 251-317

Date Filed 2-6-51

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..... *Walter J. Konantz*

Signed.....
Student Embalmer

Licensed Embalmer No. 4773

P. O. Address Lamar, Missouri

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.