

FILED MAR 6 1951
7-8-1

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7177

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Marshall Twp. 7th S. 2nd E.
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Mo State School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO b. COUNTY St Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis MO 2009
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED
a. (First) Lesmon b. (Middle) _____ c. (Last) Reese

4. DATE OF DEATH (Month) (Day) (Year)
3-1-51

5. SEX Male 6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH Jan 6 1927

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 24 2 25 - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
none

10b. KIND OF BUSINESS OR INDUSTRY
none

11. BIRTHPLACE (State or foreign country)
St Louis MO

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
George Reese

13b. MOTHER'S MAIDEN NAME
Leodora Dobson

14. NAME OF HUSBAND OR WIFE
Single

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.
none

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS
Hospital Record Marshall MO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
Brochial Pneumonia

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brochial Pneumonia
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.
Idiot

INTERVAL BETWEEN ONSET AND DEATH
24 hrs

491X

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) m. _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 3-1, 1951, to 3-1, 1951, that I last saw the deceased alive on 3-1, 1951, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. N. Davidson (Degree or title) M.D.

23b. ADDRESS Marshall Mo

23c. DATE SIGNED 3-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 3-2-51

24c. NAME OF CEMETERY OR CREMATORY St. Louis Mo.

24d. LOCATION (City, town, or county) (State) St. Louis, Mo. Mo.

DATE REC'D BY LOCAL REG. Mar 2-1951

REGISTRAR'S SIGNATURE Sidney J. Gray 385

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS
George E. Green Marshall Mo

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

70
2

RECEIVED 3-5-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 3-5-51 _____

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 _____

_____ Student Embalmer No. _____
working under my personal supervision.

Signed _____
Student Embalmer

Signed George H. Green

Licensed Embalmer No. 4220

P. O. Address Marshall, Miss

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.