

FILED MAR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9346**

660

BIRTH NO.		REG. DIST. NO. 211	PRIMARY REG. DIST. NO. 4324	Registrar's No. 3-51
1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph		
b. CITY (If outside corporate limits, write RURAL, and give township) Tuscumbea		c. CITY (If outside corporate limits, write RURAL, and give township) Osage Beach		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0150		
d. FULL NAME OF HOSPITAL OR INSTITUTION Humphrey's Hosp.				
3. NAME OF DECEASED (Type or Print) a. (First) ELMER b. (Middle) J. c. (Last) RELLER		4. DATE OF DEATH (Month) (Day) (Year) Mar. 6, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 30, 1898	9. AGE (In years last birthday) 52 F UNDER 1 YEAR: Months _____ Days _____ F UNDER 1 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Journal Camp owner & operator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Chicago, Ill.
13a. FATHER'S NAME William Reller		13b. MOTHER'S MAIDEN NAME Kerna Bauer		14. NAME OF HUSBAND OR WIFE Esther A. Reller
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. 325-03-7452		17. INFORMANT'S SIGNATURE OR NAME Mrs. E. J. Reller ADDRESS Osage Beach
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis superimposed ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) upon Chronic Rheumatic Myocarditis DUE TO (c) Rheumatic Fever		INTERVAL BETWEEN ONSET AND DEATH 3 days 9 years 35 yrs
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 July , 1950, to March 6 , 1951, that I last saw the deceased alive on 3-6 , 1951, and that death occurred at 7 P. m., from the causes and on the date stated above.				
23a. SIGNATURE M. E. Humphrey, D.O. (Degree or title)		23b. ADDRESS Tuscumbea, Mo.		23c. DATE SIGNED 3-8-51
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Mar. 7, 1951		24c. NAME OF CEMETERY OR CREMATORY Ridgewood
24d. LOCATION (City, town, or county) (State) Chicago, Ill.		25. FUNERAL DIRECTOR'S SIGNATURE Levis W. Phillips ADDRESS Osage Beach		
DATE REC'D BY LOCAL REG. March 9-1951		REGISTRAR'S SIGNATURE Mrs. Richard L. Wright		

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

RECEIVED

MAR 12 1951

MILLER COUNTY HEALTH
DEPARTMENT

AUG 21 1950

MAR 20 1951

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.....
Student Embalmer

Signed *Louis N. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Bedon*

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.