

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11356

State File No. \_\_\_\_\_

FILED MAR 26 1951

BIRTH NO. _____		REG. DIST. NO. 360	PRIMARY REG. DIST. NO. 6225	Registrar's No. 29
1. PLACE OF DEATH a. COUNTY <u>Vermon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Barton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wassatah</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Lamar</u> 0061	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #5</u>		d. STREET ADDRESS (If rural, give location) <u>1709 Mill</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>AMANDA</u> b. (Middle) <u>ALICE</u> c. (Last) <u>REILEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-8-57</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid</u>	8. DATE OF BIRTH <u>8-31-'69</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>87</u>   <u>6</u>   <u>7</u>
10a. USUAL OCCUPATION (Occupation of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>John Cobb</u>		
13b. MOTHER'S MAIDEN NAME <u>Lillian Sherman</u>		14. NAME OF HUSBAND OR WIFE <u>Wid</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of date of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>V</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital records</u>
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) <u>Myocarditis</u>  ANTECEDENT CAUSES DUE TO (b) <u>Endocarditis</u> DUE TO (c) <u>Senile deterioration</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>V</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>?</u>  <u>4/2/4</u>
19a. DATE OF OPERATION <u>V</u>		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 <u>3-6-</u> , 19 <u>57</u> , to <u>3-8-</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3-8-</u> , 19 <u>57</u> , and that death occurred at <u>9:45</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>R. G. Hall M.D.</u>		23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>3-8-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 11 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Oakton, Barton County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-12-1951</u>		REGISTRAR'S SIGNATURE <u>Anna E. Furr</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KONANTZ FUNERAL HOME, LAMAR, MISSOURI</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED MAR 19 1951

Dist. File 351-625

Date Filed 3-22-51

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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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*Paul J. Konantz*

Licensed Embalmer No. 2247

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.