

STANDARD CERTIFICATE OF DEATH

State File No. **22062**

FILED AUG 14 1951

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) Centralia		c. CITY (If outside corporate limits, write RURAL and give township) Centralia <i>1100</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 106 South East Street		d. STREET ADDRESS (If rural, give location) 106 South East Street	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) BOB	b. (Middle) BERT	c. (Last) REAMS, Sr.	(Month) August	(Day) 8	(Year) 1951

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-29-1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR 4	IF UNDER 6 HRS. 9
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Boone County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Morgan Reams	13b. MOTHER'S MAIDEN NAME Nancy Katherine Cannon	14. NAME OF HUSBAND OR WIFE Lou Ann Howell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME James M. Reams ADDRESS Centralia, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 0
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	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. Chronic Cholecystitis		Several years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Centralia Boone Mo.
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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
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22. I hereby certify that I attended the deceased from Aug., 1950, to Aug., 1951, that I last saw the deceased alive on July 30, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE B. E. Edmondson (Degree or title) M.D.	23b. ADDRESS Centralia Mo	23c. DATE SIGNED Aug 9, '51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug-10-51	24c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery	24d. LOCATION (City, town, or county) (State) Centralia, Missouri
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DATE REC'D BY LOCAL REG. Aug 10 - 1951	REGISTRAR'S SIGNATURE Maud McBride	25. FUNERAL DIRECTOR'S SIGNATURE Bill E. Nelson ADDRESS Centralia Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

100

RECEIVED 8-13-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 8-13-51

AUG 21 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

BILL J. MEADOR

working under my personal supervision.

Student Embalmer No. 406

Signed Bill J. Meador
Student Embalmer

Signed R. E. Booth

Licensed Embalmer No. 4087

P. O. Address Sturgeon 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.