.S. No. 300
EV. 10.48

FILED JUL 18 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22532

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. ~~3017~~ 5311 Registrar's No. 86

0270

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pilot Grove Twp
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~Pilot Grove~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pilot Grove Twp. 0270
d. STREET ADDRESS (If rural, give location): Pilot Grove

3. NAME OF DECEASED (Type or Print): a. (First) HERMAN b. (Middle) JOSEPH c. (Last) REUTER

4. DATE OF DEATH (Month) (Day) (Year): July 9, 1951

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 17, 1908
9. AGE (In years last birthday): 43 — If under 1 year: Months 3 Days 22 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: same
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Frank Reuter
13b. MOTHER'S MAIDEN NAME: Nora Deal
14. NAME OF HUSBAND OR WIFE: Florence Reuter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Len Reuter, Pilot Grove, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
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* July 9, 1951, *to* July 9, 1951, *that I last saw the deceased alive on* July 9, 1951, *and that death occurred at* 8.45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. Nelson Shaw, M.D
23b. ADDRESS: Pilot Grove, Mo.
23c. DATE SIGNED: July 11/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 12, 1951
24c. NAME OF CEMETERY OR CREMATORY: St. Joseph Cemetery
24d. LOCATION (City, town, or county) (State): Pilot Grove, Mo.

DATE REC'D BY LOCAL REG.: 7-11-51
REGISTRAR'S SIGNATURE: D.E. Hooper 381
25. FUNERAL DIRECTOR'S SIGNATURE: Hays-Painter ADDRESS: Pilot Grove, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-17-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 7-17-51

OCT 1 1951

OCT 2 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 Myself

working under my personal supervision.

Student Embalmer No.

Signed Peyton E. Hays

Signed
Student Embalmer

Licensed Embalmer No. 3074

P. O. Address Pilot Grove 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.