

STANDARD CERTIFICATE OF DEATH

State File No.

863

FILED JAN 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4197</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u>		c. LENGTH OF STAY (in this place) <u>lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry, Mo.</u>		<u>1380</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>313 West 3rd. St</u>				d. STREET ADDRESS (If rural, give location) <u>West 3rd. st.</u>			
3. NAME OF DECEASED a. (First) <u>Donnie</u> (Type or Print)			b. (Middle) <u>Ray</u>		c. (Last) <u>Reece</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 22 1952</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Aug 22 1938</u>	9. AGE (in years last birthday) <u>13</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done and nature of working life, even if retired) <u>student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Stanberry</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Ira Thomas Reece</u>			13b. MOTHER'S MAIDEN NAME <u>Mabel Dollars</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mr. Ira Thomas Reece Stanberry</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of neck.</u>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>from falling on cement</u> DUE TO (c) <u>chair way.</u>					
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>School Bldg</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Stanberry Gentry Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-22-1952 P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell down stairs</u>			
22. I hereby certify that I attended the deceased from <u>Jan 22, 1952</u> , to <u>Jan 22, 1952</u> , that I last saw the deceased alive on <u>Jan 22, 1952</u> , and that death occurred at <u>12 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles A. Williams</u>				23b. ADDRESS <u>Gentry Mo</u>		23c. DATE SIGNED <u>1-23-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-24-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Stanberry Gentry Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-24-52</u>		REGISTRAR'S SIGNATURE <u>Manuel Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Lester F. Phillips Stanberry</u>			

(Licensed Embalmer's Statement on Reverse Side)

140.1

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

1380
3

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.

Student
Student Embalmer

Signed Lester A. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonbury, Md

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.