

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7322

State File No. ....

FILED MAR 24 1952

REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 9

0680  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Benton County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warsaw, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warsaw</u>	
c. LENGTH OF STAY (In this place) <u>16 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAKESIDE Rest HOME</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Claude</u>		b. (Middle) <u>(None)</u>	
c. (Last) <u>Rea</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 16 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 26 1970</u>
9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	
11. BIRTHPLACE (State or foreign country) <u>Rea, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Rea</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Muse</u>	
14. NAME OF HUSBAND OR WIFE <u>Margaret Rea</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-07-2048</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Rea - Warsaw, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 minutes</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic Pulmonary Fibrosis</u>	
DUE TO (c)		+ 3 years	
II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Myocarditis</u>		UNK - 1 week	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive Heart Failure</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>525X</u>	
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>April 1950</u> , to <u>16 March 1952</u> , that I last saw the deceased alive on <u>12 March 1952</u> , and that death occurred at <u>8:20 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>David N. Glenn</u> (Degree or title) <u>MI</u>		23b. ADDRESS <u>Warsaw Mo</u>	
23c. DATE SIGNED <u>17 March 52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Mar 18, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Swanwick Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warsaw, Mo.</u>	
DATE REC'D BY LOCAL REG <u>19 Mar 1952</u>		REGISTRAR'S SIGNATURE <u>Jas. A. Logans</u> 23	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reese</u>		ADDRESS <u>Warsaw</u>	

**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

*John F. Reser*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

**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.