

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7450

State File No.

FILED APR 15 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 365

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (In this place) 1 week	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		e. CITY (If outside corporate limits, write RURAL and give township) Mound City 0440	
		d. STREET ADDRESS *****	
3. NAME OF DECEASED a. (First) Alma b. (Middle) Elizabeth c. (Last) Reese			4. DATE OF DEATH (Month) (Day) (Year) April 2, 1952.
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH November 12, 1891.
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant worker		10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (State or foreign country) Nebraska.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Harry Duncan		13b. MOTHER'S MAIDEN NAME Annabel Hathaway	14. NAME OF HUSBAND OR WIFE L. J. Reese
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No *****		16. SOCIAL SECURITY NO. 497-30-5442	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Artie Bays Mound City, Missouri.
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) Pulmonary Embolus INTERVAL BETWEEN ONSET AND DEATH 20 months ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Appendiceal Abscess 14 days DUE TO (c) Ruptured Acute Appendicitis 16 days II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION Nov. 19, 1952	19b. MAJOR FINDINGS OF OPERATION Ruptured Appendix - Appendiceal Abscess		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 5501	
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? 5501
22. I hereby certify that I attended the deceased from March 9, 1952 , to April 2, 1952 , that I last saw the deceased alive on April 2, 1952 , and that death occurred at 6:15 p. m. , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) John R. McDaniel M.D.		23b. ADDRESS 702 Edmond St., St. Joseph, Mo.	23c. DATE SIGNED April 4, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 4, 1952	24c. NAME OF CEMETERY OR CREMATORY Ohio Cemetery	24d. LOCATION (City, town, or county) (State) Burlington Junction, Mo.
DATE REC'D BY LOCAL REG. April 9, 1952	REGISTRAR'S SIGNATURE Earl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Plinkhoffer St. Joseph, Mo.	

FEB 6 1953

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, of *****

working under my personal supervision.

Student Embalmer No.****

Signed

Raymond W. Morehead

**** *****

Signed.....
Student Embalmer

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, 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.