

FILED AUG 30 1952

STANDARD CERTIFICATE OF DEATH

State File No. 27247

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 896

1. PLACE OF DEATH  
a. COUNTY Buchanan 0117  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph  
c. LENGTH OF STAY (In this place) 12 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Buchanan 0117  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph  
d. STREET ADDRESS (If rural, give location) 2319 1/2 Charles St.

3. NAME OF DECEASED (Type or Print)  
a. (First) Anna b. (Middle) M. c. (Last) Reese  
4. DATE OF DEATH (Month) (Day) (Year) August 20, 1952

5. SEX female / 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow  
8. DATE OF BIRTH May 31, 1865 9. AGE (In years last birthday) 87

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife  
10b. KIND OF BUSINESS OR INDUSTRY own home  
11. BIRTHPLACE (State or foreign country) Nodaway County, Missouri  
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Seitz 13b. MOTHER'S MAIDEN NAME Katherine Wentz 14. NAME OF HUSBAND OR WIFE Edward

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. \_\_\_\_\_  
17. INFORMANT'S SIGNATURE OR NAME Mrs. F. W. Marsh, 636 N. 23, St. Joseph, Mo. ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Stokes-Adams Syndrome 12 days  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Heart blocks (complete) 12 days  
DUE TO (c) Coronary sclerosis many yrs.  
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 \_\_\_\_\_ 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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 8/8, 1952, to 8/20, 1952, that I last saw the deceased alive on 8/20, 1952, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. T. Bloomer, M.D. 23b. ADDRESS 1218 N. 3d St. Joseph, Mo. 23c. DATE SIGNED 8/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 8/23/1952 24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph Missouri

DATE REC'D BY LOCAL REG. Aug 28, 1952 REGISTRAR'S SIGNATURE Carl C. Casty 446 25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Brown Funeral Home ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

**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 *William Spalding*.....

Licensed Embalmer No. *4535*.....

P. O. Address *3195 10th St, Joseph, 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.