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

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

29085

AUG 28 1952

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>295</u>	PRIMARY REG. DIST. NO. <u>4443</u>	Registrar's No. <u>55</u>
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Wisconsin</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milwaukee</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M & M Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>4455 Bartlett</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) _____ c. (Last) <u>Reeder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8/26/52</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>9/21/1872</u>	9. AGE (In years last birthday) <u>79</u> If under 1 year: Months _____ Days _____ If under 2 hrs: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>unknown</u>
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.</u>				
13a. FATHER'S NAME <u>John Wernick</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>C.W. Reeder</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>W.E. Reeder</u> ADDRESS <u>Milwaukee Wis.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> antecedent causes <u>arteriosclerosis</u> <u>Unknown</u> Morbidity 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. <u>Arteriosclerotic heart disease</u> <u>Unknown</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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>
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>Aug 25, 1952</u> , to <u>Aug 25, 1952</u> , that I last saw the deceased alive on <u>Aug 25, 1952</u> , and that death occurred at <u>3:55 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Clarence Clohos MD</u>		23b. ADDRESS <u>Moherly, Mo.</u>		23c. DATE SIGNED <u>Aug 26 52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/26/52</u>		24c. NAME OF CEMETERY OR CREMATORY _____
24d. LOCATION (City, town, or county) (State) _____		24e. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. <u>8/26/52</u>		REGISTRAR'S SIGNATURE <u>Modell R. Barnhart</u>		25. HEALTH DIRECTOR'S SIGNATURE <u>Wm. E. Williams</u> ADDRESS <u>Moherly, Mo.</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

Marion E. Millison

Licensed Embalmer No. 3957

P. O. Address Moberly, 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.