

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

34030

State File No.

S. No. 300
V. 10.48

BIRTH NO. _____		REG. DIST. NO. <u>360</u>	PRIMARY REG. DIST. NO. <u>6225</u>	Registrar's No. <u>130</u>
1. PLACE OF DEATH a. COUNTY <u>Vernon</u> <i>6 years in dept my care - but in Missouri</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wash Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <i>0376</i>		
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>925 North Missouri Ave</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital 3 Nevada Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LIZZIE</u>		b. (Middle) <u>-</u>		c. (Last) <u>REESE</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30, 1952</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Feb 17, 1877</u>	9. AGE (In years of UNDER 1 YEAR Days Hours Min. <u>75</u> <u>7</u> <u>13</u> - -)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Greene County Mo</u>
12. COUNTRY OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Columbus Reese</u>		13b. MOTHER'S MAIDEN NAME <u>Talicha Dumright</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp 3 Nevada Mo</u> ADDRESS _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u></p> <p>ANTECEDENT CAUSES <u>Disease</u></p> <p>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> <p>II. OTHER SIGNIFICANT CONDITIONS <u>Psychosis & cerebral arteriosclerosis</u></p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>		DUE TO (b) - <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
		DUE TO (c)		
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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) (Min.)	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>Sept 29, 1952</u> , to <u>Sept 30, 1952</u> , that I last saw the deceased alive on <u>Sept 30, 1952</u> , and that death occurred at <u>2:05 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Paul L Barone M.D.</u>		23b. ADDRESS <u>State Hospital 3 Nevada Mo</u>		23c. DATE SIGNED <u>Sept 30</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 3-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Springfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-3-52</u>	REGISTRAR'S SIGNATURE <u>Anna J Perry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Klunger Funeral Home</u> ADDRESS <u>Springfield Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

1952
2

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

Derry F. Mileta

Licensed Embalmer No. 7805

P. O. Address Nevada, 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.