

FILED NOV 17 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39913

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 361

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Farmington St. Francois		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Potosi	
c. LENGTH OF STAY (In this place) 6Y, 4M, 21Ds		1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4		d. STREET ADDRESS (If rural, give location) /	

3. NAME OF DECEASED a. (First) WILLIAM		b. (Middle) REEL		c. (Last)		4. DATE OF DEATH November 4, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 20, 1875		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Des Arc, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Charles Wesley Reel		13b. MOTHER'S MAIDEN NAME Susie Clayton		14. NAME OF HUSBAND OR WIFE Ellen Skinner	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk.		16. SOCIAL SECURITY NO. 490-14-9627		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records State Hospital No. 4, Farmington, Mo.	
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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				INTERVAL BETWEEN ONSET AND DEATH 7 days	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia, terminal - - - -				Sev. yrs.	
		ANTECEDENT CAUSES DUE TO (b) Senility - - - - - Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arterio-sclerosis - and old hemiplegia, right.				Sev. yrs.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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 306X	
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22. I hereby certify that I attended the deceased from June 13, 1946, to November 4, 1952, that I last saw the deceased alive on November 4, 1952, and that death occurred at 4:15 A. M., from the causes and on the date stated above.

23a. SIGNATURE <i>John P. Brennan M.D.</i>		23b. ADDRESS State Hospital No. 4 Farmington, Missouri		23c. DATE SIGNED 11-12-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 13, 1952		24c. NAME OF CEMETERY OR CREMATORY Adams Cemetery		24d. LOCATION (City, town, or county) (State) Bonne Terre, Missouri	
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DATE REC'D BY LOCAL REG. Nov. 12, 1952		REGISTRAR'S SIGNATURE <i>Ethel R. Rudloff</i>		25. FUNERAL DIRECTOR'S SIGNATURE Smith-Higginbotham, Potosi, Missouri		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

**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 Howard C Higginbotham

Licensed Embalmer No. 4578

P. O. Address Potomac

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.