

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41630

State File No. \_\_\_\_\_

1341

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5132 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural: Wayne</b>	c. LENGTH OF STAY (in this place) <b>life</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural: Wayne Twp.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR 7 miles southwest of St. Joseph INSTITUTION on DeKalb Road		d. STREET (If rural, give location) ADDRESS 7 miles southwest of St. Joseph, Mo on DeKalb Road	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Martha</b> b. (Middle) <b>Florence</b> c. (Last) <b>Reagan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 20, 1952</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>November 7, 1876</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Buchanan County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Thomas B. Garton</b>	13b. MOTHER'S MAIDEN NAME <b>Isabell Garton</b>	14. NAME OF HUSBAND OR WIFE <b>J. W. Reagan</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Virginia Reagan, DeKalb, Missouri</b>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease Unknown</b> DUE TO (c) <b>Parkinsonism</b>		

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)
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 12-19, 1952, to 12-20, 1952, that I last saw the deceased alive on 12-19, 1952 and that death occurred at 6:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William H. Ames M.D.</b>	23b. ADDRESS <b>902 Edmund St.</b>	23c. DATE SIGNED <b>Dec 22, 1952</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>12/22/1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Westlawn Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>DeKalb, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>Dec. 24, 1952</b>	REGISTRAR'S SIGNATURE <b>Carl C. Casto</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wheaton Bowman Funeral Home St. Joseph, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0119

0119

*Dr. Jones*

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**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

*James B. Hawkins*

Licensed Embalmer No. 4535

P. O. Address 317 South 10<sup>th</sup> St. Wash

**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.