

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9138

State File No.

FILED MAR 25 1953

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 2254 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Snyder</u>		c. CITY OR TOWN <u>Reinick</u> <u>0890</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>L.</u> c. (Last) <u>Reever</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-16-1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1/17/1869</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Howard Co., Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>homemaking</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wm. Jasper Hitt</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Kilby</u>	14. NAME OF HUSBAND OR WIFE <u>Henry K. Reever</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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Opal Meyer</u> ADDRESS <u>Snyder</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA (HYPOSTATIC)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (b) <u>INFLUENZA (VIRUS)</u> DUE TO (c) _____ 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 <u>481X</u>	
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 <u>MARCH 9, 1953</u> , to <u>MARCH 16, 1953</u> , that I last saw the deceased alive on <u>MARCH 15, 1953</u> , and that death occurred at <u>10:00 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Kenneth L. Rosencrans</u> (Degree or title) <u>DO 2</u>		23b. ADDRESS <u>TRIPLETT, Mo</u>	
23c. DATE SIGNED <u>3-19-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>3/19/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mildred Boorne</u> ADDRESS <u>56-6</u>	
DATE REC'D BY LOCAL REG. <u>3-19-53</u>		REGISTRAR'S SIGNATURE <u>Mildred Boorne</u>	

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

0210
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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 Mrs. Freda Thompson

Licensed Embalmer No. 2282

P. O. Address Madison, 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.