

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28034

State File No.

1953 AUG 19 1953

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 234

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>CHARITON</u>	b. CITY OR TOWN <u>BRUNSWICK</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>CHARITON</u>
c. LENGTH OF STAY (In this place) <u>40 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BRUNSWICK</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROBERT</u>	b. (Middle) <u>ARMIN</u>	c. (Last) <u>REESE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-1-1953</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>7-28-1953</u>	9. AGE (In years last birthday) <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BRUNSWICK Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>ROBERT REESE</u>	13b. MOTHER'S MAIDEN NAME <u>JENNE BOHANNON</u>	14. NAME OF HUSBAND OR WIFE <u>✓</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>ROBERT REESE</u> ADDRESS <u>BRUNSWICK MO</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>6 month prepregn</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>BRUNSWICK MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>

22. I hereby certify that I attended the deceased from July 19, 1953, to Aug 1, 1953, that I last saw the deceased alive on Aug 1, 1953, and that death occurred at 11 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>J L Foster</u> (Degree or title) <u>DO</u>	23b. ADDRESS <u>Branswick Mo</u>	23c. DATE SIGNED <u>Aug 2/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-1-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK MO</u>
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DATE REC'D BY LOCAL REG. <u>8-15-53</u>	REGISTRAR'S SIGNATURE <u>Mildred Bane</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L Moezil</u> ADDRESS <u>Branswick</u>
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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 L. M. Maciel

Licensed Embalmer No. 823

P. O. Address Brunswick Me

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.