

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **30954**

FILED OCT 13 1953

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **158**

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (in this place) 16 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		2043
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital			d. STREET ADDRESS (If rural, give location) 216 W. Boulevard Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) Alma		b. (Middle) June	c. (Last) Reavis	4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 18, 1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Hours Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Ralls County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Anderson, Coit		13b. MOTHER'S MAIDEN NAME Barbara Ball		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Edward Gamble Mexico, Mo.		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Gallbladder DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 mo 6 mo
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 June 20, 1953 , to Oct 7, 1953 , that I last saw the deceased alive on Oct 7, 1953 , and that death occurred at 10:10 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE M. Kallenboch			23b. ADDRESS Mexico, Mo.	23c. DATE SIGNED Oct 8, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 9, 1953	24c. NAME OF CEMETERY OR CREMATORY Lick Creek Cemetery	24d. LOCATION (City, town, or county) (State) Perry, Missouri		
DATE REC'D BY LOCAL REG. Oct 9-1953	REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. E. French Mexico, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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 Carl E. Pruch

Licensed Embalmer No. 3189

P. O. Address Mexico, Missouri

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.