

STANDARD CERTIFICATE OF DEATH

FILED DEC 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Washington Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Old Mines - Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Old Mines - Union</u>	
c. LENGTH OF STAY (in this place) <u>1 yr</u>		d. STREET ADDRESS (If rural, give location) <u>Old Mines</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Old Mines</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Josephine</u> c. (Last) <u>Reardo</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 20, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Oct 5, 1865</u>		9. AGE (in years last birthday) <u>88</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tiff, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Lexis Pashia</u>		13b. MOTHER'S MARDEN NAME <u>DAISA AUBUCHAN</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Reardo</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Katherine Torrance Old Mines Mo.</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>APOPLEXY</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> 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 <u>3 DAYS</u> <u>6 years</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>				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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Nov. 17, 1953, to Nov. 20, 1953, that I last saw the deceased alive on Nov. 20, 1953, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward Lake, 2 DO.</u>		23b. ADDRESS <u>Old Mines, Mo.</u>		23c. DATE SIGNED <u>Nov. 24, 1953</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 23 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Mines Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Old Mines Mo</u>	
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DATE REC'D BY LOCAL REG. <u>11-25-53</u>		REGISTRAR'S SIGNATURE <u>Arthur K. Rudall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Spencer & Son Home Phone 2900 Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

DEC 1 1953

WASH. COUNTY HEALTH DEPT.

NO. 10. _____

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

Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address Bonne Terre 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.