

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **42243**

BIRTH NO. FILED DEC 21 1953		REG. DIST. NO. 44	PRIMARY REG. DIST. NO. 5746	Registrar's No. 44
1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Rubensan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Breckenridge Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 mi. west Breckenridge		d. STREET ADDRESS (If rural, give location) Mo. 1020 Messenia		
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) LANDIS c. (Last) REAM			4. DATE OF DEATH (Month) (Day) (Year) 12/9/53	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4/27/1924	9. AGE (In years last birthday) 29 <small>If under 1 year: Months Days. If under 24 hrs: Hours Mins.</small>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver		10b. KIND OF BUSINESS OR INDUSTRY trucking		11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME Thomas James Ream		13b. MOTHER'S MAIDEN NAME Mary Landis		14. NAME OF HUSBAND OR WIFE Betty Jean Ream
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War 2		16. SOCIAL SECURITY NO. World War 2		17. INFORMANT'S SIGNATURE OR NAME State Patrol-Mo. ADDRESS
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		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull crushed		INTERVAL BETWEEN ONSET AND DEATH instant		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Wrecked Truck				
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"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1 1/2 mi. W. Breckenridge	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Breckenridge, Caldwell Mo (STATE) 013		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-9-53 9:20 AM	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Truck overturned		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE [Signature] (Degree or title) Coroner Caldwell		23b. ADDRESS Rolls Mo		23c. DATE SIGNED 12-11-53
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 12/10/1953	24c. NAME OF CEMETERY OR CREMATORY Sedalia Mo.		24d. LOCATION (City, town, or county) (State) Sedalia Mo.
DATE REC'D BY LOCAL REG. 12-14-53	REGISTRAR'S SIGNATURE Mrs. Nell B. Jones	25. FUNERAL DIRECTOR'S SIGNATURE MICHAEL FUNERAL CHAPEL - BRECKENRIDGE, Mo. ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

Mo. 309
10.48

320

23

017

AUG 16 1954

1954-08-16

DEC 23 1953

JAN 24 1954

DEC 2

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 _____

Genub. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.