No. 300
10-48

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11182

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5110 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: Bollinger
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Fillmore
c. LENGTH OF STAY (in this place): LIFETIME
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NEAR ZALMA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Bollinger
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Fillmore
d. STREET ADDRESS (If rural, give location): NEAR ZALMA.

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3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) JASPER c. (Last) REA
4. DATE OF DEATH (Month) (Day) (Year): APRIL 18 1954
5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: SEPT. 28 1870
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 6, Days 21 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bollinger Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: RUFUS REA
13b. MOTHER'S MAIDEN NAME: EAKER
14. NAME OF HUSBAND OR WIFE: MATTIE REA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Hebert Rea — ADDRESS: Alton Ill

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 490 X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/4 *,* 1954 *, to* 4/18 *,* 1954 *, that I last saw the deceased alive on* 4/17 *,* 1954 *, and that death occurred at* 9:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: John J. Myers (Degree or title) D.O.
23b. ADDRESS: Lutesville Mo
23c. DATE SIGNED: 4/19/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APRIL 21, 1954
24c. NAME OF CEMETERY OR CREMATORY: BAKER CEM.
24d. LOCATION (City, town, or county) (State): LUTESVILLE Mo.

DATE REC'D BY LOCAL REG.: April 23 54
REGISTRAR'S SIGNATURE: Mrs W. Vandenburgh
25. FUNERAL DIRECTOR'S SIGNATURE: A. J. Baker — ADDRESS: Lutesville 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 I. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.