

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24098

State File No.

FILED AUG 10 1954

BIRTH NO. REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6028 Registrar's No. 27

1. PLACE OF DEATH
 a. COUNTY Reynolds
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monterey Lestersville Mo
 c. LENGTH OF STAY (In this place) Life
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Mo b. COUNTY Reynolds
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monterey Lestersville Mo
 d. STREET ADDRESS (If rural, give location) 0900

3. NAME OF DECEASED
 (Type or Print)
 a. (First) Effie Logan b. (Middle) Hodges c. (Last) Reynolds

4. DATE OF DEATH
 (Month) (Day) (Year)
July 4 1954

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed

8. DATE OF BIRTH Sept 8, 1877

9. AGE (If exact, or under / year, last birthday) (Months) (Days) (Hours) (Min.)
76 7 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Joe Parks

13b. MOTHER'S MAIDEN NAME Susan Watkins

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Ray Hodges

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.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Pneumo-Pneumonia
 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
4 days 36 hrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
331X

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)

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 July 1, 1954, to July 4, 1954 that I last saw the deceased alive on July 3, 1954, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE (Inscribed or title)
E. M. Fitzpatrick

23b. ADDRESS
Lestersville Mo

23c. DATE SIGNED
7/7/54

24a. BURIAL, CREMATION, REMOVAL (Specify)
burial

24b. DATE
7/7/54

24c. NAME OF CEMETERY OR CREMATORY
Hasty Cemetery

24d. LOCATION (City, town, or county) (State)
Monterey Mo

DATE REC'D BY LOCAL REG.
7/27/54

REGISTRAR'S SIGNATURE
E. M. Fitzpatrick

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
White Funeral Home

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

0900

0900

275-

(Licensed Embalmer's Statement on Reverse Side)

Received 8-9-54
Reynolds County Health Center
File No. 854 - 45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.