

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26110

BIRTH NO.		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4547		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) Grant City		c. LENGTH OF STAY (in this place) 22 years		c. CITY (If outside corporate limits, write RURAL and give township) Grant City		1130	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Malona Ellen Reith		a. (First) Malona b. (Middle) Ellen c. (Last) Reith		4. DATE OF DEATH August 1, 1954 (Month) (Day) (Year)			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 12, 1882	
9. AGE (In years last birthday) 72		10. 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) Sheridan, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Silas Round		13b. MOTHER'S MAIDEN NAME Mary Scarbrough		14. NAME OF HUSBAND OR WIFE Theodore J. Reith	
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 Theodore J. Reith, Grant City, Missouri			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes 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 5 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION ✓				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. HOW DID INJURY OCCUR?	
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 3-5-1954 to Aug-1-1954 that I last saw the deceased alive on July 28, 1954 and that death occurred at 8:45 AM from the causes and on the date stated above.							
23a. SIGNATURE J. R. Reed M.D. (Degree or title)		23b. ADDRESS Grant City MO		23c. DATE SIGNED Aug 2 '54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 3, 1954		24c. NAME OF CEMETERY OR CREMATORY Isadora Cemetery		24d. LOCATION (City, town, or county) (State) Isadora, Missouri	
DATE REC'D BY LOCAL REG. Aug 3, 1954		REGISTRAR'S SIGNATURE John C. Sample		25. FUNERAL DIRECTOR'S SIGNATURE John C. Sample		ADDRESS Isadora, Missouri	

(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

Arch C. Dunfee

Licensed Embalmer No.

3252

P. O. Address

mt ayn Iowa

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.