

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **27984**

FILED AUG 16 1954

BIRTH NO.		REG. DIST. NO. <b>156</b>	PRIMARY REG. DIST. NO. <b>2001</b>	Registrar's No. <b>372</b>
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Joplin</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Joplin</b>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Freeman Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>204 N. Joplin 0495</b>		
3. NAME OF DECEASED a. (First) <b>Nellie</b>		b. (Middle) <b>Rea</b>	c. (Last) <b>Reckard</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7-27-1954</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>1889</b>	9. AGE (In years last birthday) <b>65</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stenography</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Office Worker</b>	11. BIRTHPLACE (City and State, or Foreign Country) <b>No Record</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>No Record</b>		13b. MOTHER'S MAIDEN NAME <b>No Record</b>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY (If yes, give year or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Freeman Hospital Records</b> ADDRESS <b>Joplin Mo.</b>	
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) <b>Intestinal Obstruction</b> (INTERVAL BETWEEN ONSET AND DEATH) <b>2 wks</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma, (site undetermined)</b> ? 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 SUICIDE (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 <b>7-20</b> , 19 <b>54</b> , to <b>7-27</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>7-27</b> , 19 <b>54</b> , and that death occurred at <b>6:30</b> p.m., from the causes and on the date stated above.				
23a. SIGNATURE (In type or title) <b>[Signature]</b>		23b. ADDRESS <b>Joplin Mo</b>	23c. DATE SIGNED <b>8-2-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-29-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Osborne Memorial</b>	24d. LOCATION (City, town, or county) (State) <b>Joplin Mo</b>	
DATE REC'D BY LOCAL REG. <b>8-3-54</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thornhill-Dillon</b>	ADDRESS <b>Joplin Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 25 1954

RECEIVED AUG 13 1954  
Jasper County Health Office  
County File Number 54-8-67a  
Date Filed AUG 13 1954

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.....  
Signature of Student Embalmer

Signed *William E. Huddleston*.....

Licensed Embalmer No. 477  
P. O. Address *Jplin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.