

FILED FEB 21 1955

STANDARD CERTIFICATE OF DEATH

State File No. 7009

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6172 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution) a. STATE <u>Mo.</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Salena Rural Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Salena & Reed's Springs</u>	
c. LENGTH OF STAY (In this place) <u>9 yr</u>		d. STREET ADDRESS (If rural, give location) <u>1040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Amos</u> b. (Middle) <u>S.</u> c. (Last) <u>Ree</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 11-1955</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 1 1950</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Diana</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>William W. Ree</u>		13b. MOTHER'S MAIDEN NAME <u>Ethel S. Ree</u>	
14. NAME OF HUSBAND OR WIFE <u>None married.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Gene Schultz - Reed's Springs Mo.</u>		ADDRESS <u>Reed's Springs Mo.</u>	
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) <u>Cervical Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular Disease</u> 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 <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)	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 <u>Jan 1954</u> to <u>11-30</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1 Feb</u> , 19 <u>55</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Jeffery M. D.</u>		23b. ADDRESS <u>Gaines Mo</u>	
23c. DATE SIGNED <u>12/20/1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb 13-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eisenhour</u>	24d. LOCATION (City, town, or county) (State) <u>Salena Mo - R-3</u>
DATE REC'D BY LOCAL REG. <u>Feb 12-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Bussan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Elliott J. Cheatham - Salena Mo.</u>	

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

per Gene Murray (Licensed Embalmer's Statement on Reverse Side)

STATE OF MO.

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Helena 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.