

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8993**

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 5867 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u> <u>0750</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer</u> /		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer</u> <u>0</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>CLAREMONT REEF</u>			4. DATE OF DEATH <u>March 6, 1955</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year
5. SEX <u>male</u> <u>0</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> /	
8. DATE OF BIRTH <u>Sept. 27, 1903</u>		9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR: Month Days Hours Mths.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Thayer, Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Charles A. Reef</u>		13b. MOTHER'S MAIDEN NAME <u>Lulu Ramsey</u>		14. NAME OF HUSBAND OR WIFE <u>Flora Guy Reef</u>	
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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>723-05-0075</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Flora Reef Thayer, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		DUPLICATE			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <u>Found dead in bed.</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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 3-5, 1955, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John R. Ellison</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Thayer Mo</u>		23c. DATE SIGNED <u>3-12-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-9-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thayer Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Thayer, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>3-29-1955</u>		REGISTRAR'S SIGNATURE <u>Arthur Wolf</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thayer Mo</u>	
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WRITE PLAINLY—USING UNFAADING 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 *Edward J. Carter*

Licensed Embalmer No. 4516

P. O. Address *Thayer Ave*

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.