

FILED MAY 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12923

State File No. _____

BIRTH NO. 9706-55 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 53

0850

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

1. PLACE OF DEATH a. COUNTY Pulaski.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville, Mo. 0850	
c. LENGTH OF STAY (in this place) Life.		d. STREET ADDRESS (If rural, give location) None.	
d. FULL NAME OF HOSPITAL OR INSTITUTION None.			

3. NAME OF DECEASED (Type or Print)	a. (First) Georgia	b. (Middle) Ann	c. (Last) Reemts.	4. DATE OF DEATH (Month) (Day) (Year) 5/5/ 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, never married.	8. DATE OF BIRTH Jan 31, 1955	9. AGE (In years last birthday) 3 mos.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None.	10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (City and State or Foreign Country) Ft. Leonard Wood, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Pvt. Raymond Reemts.	13b. MOTHER'S MAIDEN NAME Ruby Ose	14. NAME OF HUSBAND OR WIFE None.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME Ruby Reemts ADDRESS Waynesville, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Congestion 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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 5/5/ 19 55, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) County Coroner.	23b. ADDRESS Richland, Missouri	23c. DATE SIGNED 5/5/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/5/55	24c. NAME OF CEMETERY OR CREMATORY Henning Cemetery	24d. LOCATION (City, town, or county) (State) Henning, Minn.
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DATE REC'D BY LOCAL REG. 5-5-55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S NAME AND ADDRESS Hedges Funeral Home Waynesville, Mo
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Date Filed 5-9-55
File Number 5-5-55

Alaska County Health Officer

RECEIVED
5-5-55

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 Clarence Jones

Licensed Embalmer No. 4894

P. O. Address Wynneville, Va

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.