

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

14433

State File No.

FILED APR 18 1955

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6189 Registrar's No. 22

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>TANEY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>TANEY</u> | |
| b. CITY OR TOWN <u>DICKENS</u> | | c. CITY OR TOWN <u>DICKENS</u> | |
| c. LENGTH OF STAY (in this place) <u>YEARS</u> | | d. Is 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 <u>home DICKENS</u> | | e. STREET ADDRESS (If rural, give location) <u>DICKENS 106⁰⁰</u> | |

| | | | | | |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUISA</u> b. (Middle) <u>REECE</u> c. (Last) <u>REECE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 1, 1955</u> | | |
|---|--|--|--|--|--|

| | | | | | | | | | | | |
|-----------------------------|--|--------------------------------------|--|--|--|---|--|--|--|---|--|
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>MARCH 29, 1880</u> | | 9. AGE (In years last birthday) <u>75</u> Months <u>0</u> Days <u>2</u> | | 10. IF UNDER 1 YEAR Hours <u> </u> Min. <u> </u> | |
|-----------------------------|--|--------------------------------------|--|--|--|---|--|--|--|---|--|

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeping</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>DICKENS Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
|--|--|---|--|--|--|---|--|

| | | | | | |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>HENRY DIKES</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY POTTER</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
|--|--|---|--|--|--|

| | | | | | | | |
|--|--|--------------------------------------|--|--|--|-----------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>ELGA REECE</u> | | ADDRESS <u>DICKENS, 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 | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> | | | | <u>1 hr</u> | |
| | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 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) 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 at death, to 4-1, 1955, that I last saw the deceased March 4-1-55, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | | | |
|---|--|---|--|---------------------------------------|--|
| 23a. SIGNATURE <u>Dr. Robert</u> | | 23b. ADDRESS <u>Do Branch Mo</u> | | 23c. DATE SIGNED <u>4/5/55</u> | |
|---|--|---|--|---------------------------------------|--|

| | | | | | | | |
|--|--|--------------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>4/6/55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Helphoy Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>TANEYVILLE, Mo.</u> | |
|--|--|--------------------------------|--|---|--|---|--|

| | | | | | | | |
|--|--|---|--|---|--|-----------------------------------|--|
| DATE REC'D BY LOCAL REG. <u>4-16-55</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Helen Campbell 514</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Forsyth Funeral Home</u> | | ADDRESS <u>Forsyth, Mo</u> | |
|--|--|---|--|---|--|-----------------------------------|--|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *Walter S. Cobb*.....

Licensed Embalmer No. *4731*

P. O. Address *Chicago*.....

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.