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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15201

State File No.

FILED JUN 6 1955

473

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No.

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Rural, Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 day		f. STREET ADDRESS (If rural, give location) Springfield R.F.D. # 9 0390	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) ALICE	c. (Last) REESE	4. DATE OF DEATH (Month) (Day) (Year) May 27, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 15 Dec. 1904	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Mark Mathias	13b. MOTHER'S MAIDEN NAME Lottie Holmes	14. NAME OF HUSBAND OR WIFE Lee Roy Reese
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) None	16. SOCIAL SECURITY NO. ----	17. INFORMANT'S SIGNATURE OR NAME Lee Roy Reese	ADDRESS Rt. 9, Springfield 1d, 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) Cardiac Arrest during surgery		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myoma, uterus DUE TO (c) _____		
II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus			1 yr

19a. DATE OF OPERATION May 27, 55	19b. MAJOR FINDINGS OF OPERATION Myoma	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 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 **May 15, 1955**, to **May 27, 1955**, that I last saw the deceased alive on **May 27, 1955**, and that death occurred at **10:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Callaway, Jr. M.D.	23b. ADDRESS 1211 S. Glenstone Springfield	23c. DATE SIGNED May 31, 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 31 May 1955	24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
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DATE REC'D BY LOCAL REG. 5-31-55	REGISTRAR'S SIGNATURE Carl W. Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Fred C. Thiem	ADDRESS Springfield, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed *Ralph H. L...*

Licensed Embalmer No. 3681
Springfield,
P. O. Address Missouri,...

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.