

18326

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 5 - 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 561

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. LENGTH OF STAY (in this place) 1 week	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		e. CITY OR TOWN Rural	
		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		f. STREET ADDRESS (If rural, give location) Springfield R.F.D. # 70390	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) CARL		b. (Middle) CLIFFORD	
c. (Last) REESE		(Month) (Day) (Year) June 27, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1 March 1918
9. AGE (In years last birthday) 37		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truckdriver		10b. KIND OF BUSINESS OR INDUSTRY Cement Company	11. BIRTHPLACE (City and State or Foreign Country) Texas County, Missouri
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William J. Reese		13b. MOTHER'S MAIDEN NAME Ella Massey	
		14. NAME OF HUSBAND OR WIFE Irene Reese	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-16-3293	
		17. INFORMANT'S SIGNATURE OR NAME Irene Reese, Rt. 7, Springfield, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute leukemia (stem cell-norcytic)	
		INTERVAL BETWEEN ONSET AND DEATH 10 months	
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
		Morbid 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	
		20/3	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
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 1-5 , 19 53 , to 6-27 , 19 55 , that I last saw the deceased alive on 6-27 , 19 55 , and that death occurred at 4:30 P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles Schaeffer, M.D.		23b. ADDRESS Springfield, Mo.	
		23c. DATE SIGNED 6-29-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 30 June 1955	
		24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery	
		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
DATE REC'D BY LOCAL REG. 6-30-55		REGISTRAR'S SIGNATURE Ernie Williams	
		25. GENERAL DIRECTOR'S SIGNATURE Paul C. Thieme	
		ADDRESS Springfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

OCT 11 1956

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 W. Williams*.....

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.