

FILED SEP 23 1955

STANDARD CERTIFICATE OF DEATH

State File # 29549

BIRTH NO.		REG. DIST. NO. 132	PRIMARY REG. DIST. NO. 5480	Registrar's No. 134
1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Grundy		
b. CITY (If outside corporate limits, write RURAL and give township) Rural Trenton, MO		c. LENGTH OF STAY (In this place) 2 yrs	c. CITY OR TOWN Spickard	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 2 Trenton, MO		e. STREET ADDRESS (If rural, give location) Route 1		
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) Rebecca c. (Last) REAMS		4. DATE OF DEATH (Month) (Day) (Year) Sept. 14 1955		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 4 1868	9. AGE (In years last birthday) 87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Et. WAYNE	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME BENJAMIN E. REAMS		13b. MOTHER'S MAIDEN NAME SARAH CONSTOCK	14. NAME OF HUSBAND OR WIFE Joseph REAMS (dec)	
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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. RALPH HARRIS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4500 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 year
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)	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 Jan 1 1955, to Sept 14 1955, that I last saw the deceased alive on Aug 18, 1955, and that death occurred at 6 P. m., from the causes and on the date stated above.				
23a. SIGNATURE E.A. Duffy M.D.		23b. ADDRESS Trenton Mo.		23c. DATE SIGNED Sept 15 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 16 1955	24c. NAME OF CEMETERY OR CREMATORY Rural Dale Cem.	24d. LOCATION (City, town, or county) (State) RT #2 Trenton MO	
DATE REC'D BY LOCAL REG. 9-16-1955	REGISTRAR'S SIGNATURE Gene Jari	115	25. FUNERAL DIRECTOR'S SIGNATURE Morton Blackman	
ADDRESS Trenton, MO				

(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 *Harold Roberts*.....

Licensed Embalmer No. *492*

P. O. Address *Trenton*.....

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.