

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3906**  
Registrar's No. **245**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH  
a. COUNTY **Buchanan**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Buchanan**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Joseph** c. LENGTH OF STAY (If this place) **37 yrs**

c. CITY OR TOWN **St. Joseph** d. If Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Mo. Methodist Hospital**

e. STREET ADDRESS (If rural, give location) **1518 So 10th St.**

3. NAME OF DECEASED  
a. (First) **James** b. (Middle) \_\_\_\_\_ c. (Last) **Reese**

4. DATE OF DEATH (Month) (Day) (Year) **Feb 29 1956**

5. SEX **male** 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced**

8. DATE OF BIRTH **Dec. 18, 1918**

9. AGE (In years last birthday) **37** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

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) **St. Joseph, Missouri**

12. CITIZEN OF WHAT COUNTRY **U.S.A**

13a. FATHER'S NAME **Charles Reese**

13b. MOTHER'S MAIDEN NAME **Cora Hale**

14. NAME OF HUSBAND OR WIFE **none given**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **no**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Cora Hale McMilliam St. Joseph, Mo**

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) **Diabetes Mellitus**  
INTERVAL BETWEEN ONSET AND DEATH **15 years**  
  
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 **Diabetic Nephritis**  
Conditions contributing to the death but not related to the disease or condition causing death.  
  
Unk.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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) **260x**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12/15 1954**, to **2/29 1956**, that I last saw the deceased alive on **2/29 1956**, and that death occurred at **8:25A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Ann W. Sloneg M.D.**

23b. ADDRESS **Tootle Building St. Joseph, Missouri**

23c. DATE SIGNED **3/1/56**

24a. BURIAL, CREMATION, REQUIEM (Specify)

24b. DATE **3/3/56**

24c. NAME OF CEMETERY OR CREMATORY **Wt. Auburn Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Joseph, Mo**

DATE REC'D BY LOCAL REG. **Mar 5, 1956**

REGISTRAR'S SIGNATURE **Ruth M. Allison**

25. FUNERAL DIRECTOR'S SIGNATURE **John P. ...**

ADDRESS **St. Joseph,**

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 *Allan C. Bagan*.....

Licensed Embalmer No. *2479*.....

P. O. Address *St. Joseph*.....

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.