

FILED MAR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9409**BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **141**

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson							
b. CITY OR TOWN INDEPENDENCE		c. LENGTH OF STAY (in this place) 3 DAYS		c. CITY OR TOWN HOLDEN		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 CABLE NURSING HOME				e. STREET ADDRESS (If rural, give location) EAST HIGHWAY #58							
3. NAME OF DECEASED (Type or Print) a. (First) DAVID			b. (Middle) GARNER		c. (Last) REESE		4. DATE OF DEATH (Month) (Day) (Year) MARCH 22 1956				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT 23 1879		9. AGE (In years last birthday) 76 Months 5 Days 29			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY DWN FARM			11. BIRTHPLACE (City and State or Foreign Country) PENNSBOROUGH PA			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JOSEPH WALKER REESE			13b. MOTHER'S MAIDEN NAME CASSIE JANE SMITH			14. NAME OF HUSBAND OR WIFE ELSIE HUBROOK 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. NONE		17. INFORMANT'S SIGNATURE OR NAME Elic Hubbrook Reese Holden Mo			ADDRESS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of origin				INTERVAL BETWEEN ONSET AND DEATH unknown			
				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. 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 MARCH 21, 1956 , to MARCH 22, 1956 , that I last saw the deceased alive on 3-21 , 1956, and that death occurred at 4:30 p. m. , from the causes and on the date stated above.											
23a. SIGNATURE Robert Messer (Degree or title) MD				23b. ADDRESS Independence, Mo				23c. DATE SIGNED 3-22-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/22/56		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) HOLDEN MO					
DATE REC'D BY LOCAL REG. 3-26-56		REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE Canada & Kopp ADDRESS Holden Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
M. H. Cunday

Licensed Embalmer No. *34*

P. O. Address *Holden*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.