

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29591

State File No.

FILED AUG 28 1956

BIRTH NO.		REG. DIST. NO. <u>339</u>		PRIMARY REG. DIST. NO. <u>4502</u>		Registrar's No. <u>33</u>		
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Puxico</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Puxico</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reagan Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>10 30</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) <u>Alma</u> c. (Last) <u>Reagan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1956</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 27 1903</u>		
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>3</u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Co mo</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>operator Nursing Home</u>				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Willie A Wilson</u>			13b. MOTHER'S MAIDEN NAME <u>Mamie Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Dave Reagan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Dave Reagan</u> ADDRESS <u>Puxico, mo</u>				
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) <u>3rd degree burns and probably asphyxiation.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>9/67</u> <u>40</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>nursing home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Puxico, Stoddard, Missouri</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 30, 1956 10:20 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Nursing home burned.</u>				
22. I hereby certify that I attended the deceased from -----, 19___, to -----, 19___, that I last saw the deceased alive on -----, 19___, and that death occurred at <u>10:20 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Ray W. Rainey</u> Coroner				23b. ADDRESS <u>Dexter, Missouri</u>		23c. DATE SIGNED <u>7-31-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-1-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fagan</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard Co mo</u>		
DATE REC'D BY LOCAL REG. <u>8/24/56</u>		REGISTRAR'S SIGNATURE <u>Pearl Reed</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gloria Morgan</u>		ADDRESS <u>Puxico, mo</u>		

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.. *Not embalmed*

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.