

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 - 1956

State File No. 23798

BIRTH NO. _____		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 3025		Registrar's No. 58	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived - 10 institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (In this place) <u>1 1/2</u>		c. CITY OR TOWN <u>Katesville</u>		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 <u>Christa Hogan Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>0460</u>			
3. NAME OF DECEASED a. (First) <u>Burton</u> b. (Middle) <u>Hell</u> c. (Last) <u>Reich</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-20-56</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>7-13-1884</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chemist</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dade Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>W.B. Reich</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Campbell Boone Reich</u>			13c. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>21</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Boone Reich</u> ADDRESS <u>Katesville 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>Myelogenous Leukemia</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>10 mos.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2041</u>	
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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> _____		22. I hereby certify that I attended the deceased from <u>10/1</u> , 19 <u>56</u> , to <u>10/20</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10/19</u> , 19 <u>56</u> , and that death occurred at <u>3:10 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M.L. Fowler MD</u> (Degree or title)				23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>10/23/56</u>	
24a. BURIAL CREMATION, REINTERMENT (Specify) <u>18</u>		24b. DATE <u>10/21-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutie</u>		24d. LOCATION (City, town, or county) (State) <u>Lutie, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-31-56</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson Matthews MD</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

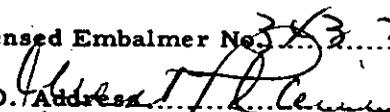
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....
Licensed Embalmer No. 3837
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.