

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42299

FILED JAN 7 1957

STATE FILE NUMBER

Registration District No. 254 Primary Registration District No. H386 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Thayer</u>		c. CITY OR TOWN <u>Thayer</u> 075	
c. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First <u>Augusta</u>	Middle <u>Phillip</u>	Last <u>Reef</u>	4. DATE OF DEATH	Month <u>December</u>	Day <u>12</u>	Year <u>1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>October 20, 1883</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				Months <u>1</u>	Days <u>12</u>	Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>New Martinsville, W. Va.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13. FATHER'S NAME <u>J. A. Reef</u>	14. MOTHER'S MAIDEN NAME <u>Margaret Gosser</u>
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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>None</u>	17. INFORMANT <u>Lillian Holmes, Alton, Missouri</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Septicemic thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Asphyxia</u>	
	DUE TO (c) <u>Postulated</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>611X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>Dec 10 1956</u> to <u>Dec 12 1956</u> and last saw <u>her</u> alive on <u>Dec 12 1956</u> Death occurred at <u>200 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>W. Cooper MD</u> (Degree or title)	22b. ADDRESS <u>Thayer Mo</u>	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-15-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Thayer Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Thayer, Missouri</u>
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24. FUNERAL DIRECTOR <u>Deland Carter Thayer Mo</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>1-2-1957</u>	26. REGISTRAR'S SIGNATURE <u>Arthur Wolff</u>
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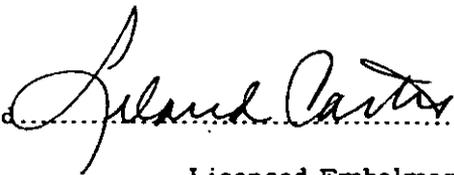
(Licensed Embalmer's Statement on Reverse Side)

00 56
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Coroner cannot certify to a death due to natural causes.
 Diseases in Part I must be casually related.
 8-8

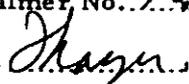
STATEMENT BY LICENSED EMBALMER

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. 45

P. O. Address 

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.