

FILED APR 12 1957

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

8146

STATE FILE NUMBER

 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kennett</u> <u>035<sup>20</sup></u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>304 Central</u>			Length of stay in 1b <u>57 Yrs.</u>		d. STREET ADDRESS <u>304 Central</u> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>Sanford N. Reel</u> First Middle Last				4. DATE OF DEATH <u>Mar. 31 57</u> Month Day Year					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 15-1881</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General Bldg.</u>		11. BIRTHPLACE (City and state or country) <u>Vincennes, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Clark Reel</u>				14. MOTHER'S MAIDEN NAME <u>Matilda Martin</u>					
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>498-01-7550</u>		17. INFORMANT <u>Edna S. Reel</u> Address <u>304 Central</u>				
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>Coronary Infarct</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART-I (a). _____							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		
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.) _____						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			_____						
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 _____	
21. I attended the deceased from <u>Jan. 15</u> to <u>3-31-57</u> and last saw her alive on <u>3-30-57</u> Death occurred at <u>3-31-57</u> <u>AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Paul Salmon</u> (Degree or title)				22b. ADDRESS <u>Kennett, Mo.</u>		22c. DATE SIGNED <u>4-1-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 2, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		23d. LOCATION (City, town, or county) (State) <u>Kennett, Missouri</u>			
24. FUNERAL DIRECTOR <u>Paul Salmon</u> ADDRESS <u>Kennett, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>4-2-1957</u>		26. REGISTRAR'S SIGNATURE <u>Carl Hubbard</u>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300-56

70-0

RECEIVED DUNKLIN COUNTY HI

APR 22 1957

DEPARTMENT 4-8-

COUNTY FILE NUMBER 457

APR 12 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ..... Student Embalmer: No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *J.P. Salomon*

Licensed Embalmer No. 754

P. O. Address *Kennett*

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.