

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14094

State File No.

FILED MAY 13 1957

BIRTH NO. _____ REG. DIST. NO. 261 PRIMARY REG. DIST. NO. 9048 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Maryville		c. CITY OR TOWN Hopkins	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 7 days		e. STREET ADDRESS (If rural, give location) 0740	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) Julius c. (Last) Reents			4. DATE OF DEATH (Month) (Day) (Year) Apr. 26, 1957		
5. SEX C Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 11, 1896	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Locker Plant	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Herman F. Reents	13b. MOTHER'S MAIDEN NAME Christene Kiefer	14. NAME OF HUSBAND OR WIFE Nedra Reents
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) World War I 487 09 0996	17. INFORMANT'S SIGNATURE OR NAME Mrs Nedra Reents, Hopkins, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration		INTERVAL BETWEEN ONSET AND DEATH 1 mo 10 days
	ANTECEDENT CAUSES Obesity 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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3/1, 1957 to 4/26, 1957, that I last saw the deceased alive on 4/26, 1957 and that death occurred at 5:25 p. m., from the causes and on the date stated above.

23a. SIGNATURE C. W. Kirk (Degree or title)	23b. ADDRESS MD 9 Hopkins	23c. DATE SIGNED 4/28/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-30-57	24c. NAME OF CEMETERY OR CREMATORY Hopkins	24d. LOCATION (City, town, or county) (State) Hopkins, Mo.
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DATE REC'D BY LOCAL REG. 5-9-57	REGISTRAR'S SIGNATURE Bess Bolt	25. FUNERAL DIRECTOR'S SIGNATURE Stanley Swanson	ADDRESS Hopkins, Mo.
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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 Myself, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins, Mo.

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.