

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1957

STATE FILE NUMBER **30541**
REGISTRAR'S NO. **156**

Registration District No. **333** Primary Registration District No. **3074**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Sikeston Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hosp. Length of stay in lb 2 Mo.		d. STREET ADDRESS (If outside, give location) 633 Moore St. Reside on Farm <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) John JACOB Reiss <i>First Middle Last</i>			4. DATE OF DEATH 8 28 57 <i>Month Day Year</i>		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-4-1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy		10b. KIND OF BUSINESS OR INDUSTRY Reiss Dairy Co.	11. BIRTHPLACE (City and state or country) Flowille, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frank J. Reiss			14. MOTHER'S MAIDEN NAME Syrille Feder		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Lillian Standley Address Sikeston, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the		INTERVAL BETWEEN ONSET AND DEATH 1 yr. 3 1/2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of prostate.	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Carcinoma of Stomach.		19. WAS AUTOPSY PERFORMED YES <input checked="" 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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>		
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 6/24/57 to 8/28/57 and last saw her alive on 8/28/57 Death occurred at 1:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) William J. Ferguson, MD	22b. ADDRESS Sikeston, Mo	22c. DATE SIGNED 8/31/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-30-57	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (City, town, or county) (State) SIKESTON MO
--	-----------------------------	--	---

24. FUNERAL DIRECTOR ADDRESS Welch Funeral Home - Sikeston Mo	25. DATE RECD. BY LOCAL REG. 9-9-57	26. REGISTRAR'S SIGNATURE Mrs Ella Hunter
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Disorders in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

DATE RECEIVED SEP 9 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 957-195

APR 11 1958
APR 8 1958

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 Raymond J. Crews

Licensed Embalmer No. 3

P. O. Address Sikeston

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.