

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 14 1957

State File No. 32794

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 247

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| 1. PLACE OF DEATH a. COUNTY Nodaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE Mo 3 b. COUNTY Nodaway | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville | | c. CITY OR TOWN Skidmore | d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital | | e. STREET ADDRESS (If rural, give location) 0740 | |

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|--|----------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) c. (Last) REESE | | | 4. DATE OF DEATH (Month) (Day) (Year) 9 3 1957 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 5 29 1887 | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and State or Foreign Country) Skidmore, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME Charles Reese | 13b. MOTHER'S MAIDEN NAME Lydia Bolich | 14. NAME OF HUSBAND OR WIFE Mrs Bethie Reese |
| 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. 486 32 4753 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Bethie Reese, Skidmore, Mo. |

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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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 2 6 days |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 331x | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from **8-7**, 1957, to **9-3**, 1957, that I last saw the deceased alive on **9-3**, 1957, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Robert E. Dunbar M.D. | 23b. ADDRESS Maryville, Mo. | 23c. DATE SIGNED Oct 7 1957 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 9/5/1957 | 24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery |
| 24d. LOCATION (City, town, or county) (State) Skidmore, Mo. | | |

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| DATE REC'D BY LOCAL REG. 10-12-57 | REGISTRAR'S SIGNATURE Bess Holt | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Don Chasew Maryville Mo |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

798 81 1901

FEB 20 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..... *G. M. Atkinson*

Licensed Embalmer No. *922*

P. O. Address..... *Maryville*

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.