

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020646  
State File No. ....

FILED JUN 5 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 4504 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Advance,</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>	c. CITY OR TOWN <u>Advance</u> <u>1030</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Advance, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Willia</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Reagan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 7, 1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 6, 1888</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpentering</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>carpenter</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson County, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Perry Reagan</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Miline Ogden</u>		14. NAME OF HUSBAND OR WIFE <u>Jeanetta Maud Reagan</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> <u>no</u>		16. SOCIAL SECURITY NO. <u>488-16-5750-A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jeanetta Maud Reagan</u> ADDRESS <u>Advance, Mo.</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES 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? <u>2</u> 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) <u>002X</u>
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?

22. I hereby certify that I attended the deceased from March 20, 1958 to April 7, 1958, that I last saw the deceased alive on March 20, 1958, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Masters</u> (Degree or title) <u>do.</u>		23b. ADDRESS <u>Advance, Mo.</u>	23c. DATE SIGNED <u>April 8, 1958</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/10/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brownwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Brownwood, Missouri</u>

DATE REC'D BY LOCAL REG. <u>4/12/58</u>	REGISTRAR'S SIGNATURE <u>Bernice Moore</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Morgan</u> ADDRESS <u>Advance, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 8 1955

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 *Wm H. Morgan*

Licensed Embalmer No. *4674*

P. O. Address *Advent*

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.