

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036865
STATE FILE NUMBER

FILED NOV 5 1958 Registration District No. 155 Primary Registration District No. 4246 Registrar's No. 194

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN 311 N. Roney St. Carl Junction, Mo.		c. CITY OR TOWN Carl Junction, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS 311 N. Roney St. (If outside, give location). Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last LOUIS GEORGE REIS			4. DATE OF DEATH Month Day Year 10-23-1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-18-1890	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Schools	11. BIRTHPLACE (City and state or country) Mt. Vernon, Ill.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Geo. Reis		13b. MOTHER'S MAIDEN NAME Elizabeth Betz		14. NAME OF HUSBAND OR WIFE May Reis	
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. 487-09-0713		17. INFORMANT May Reis Address Carl Junction, 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) Myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease		
	DUE TO (c) 4200		
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"/> 2

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 Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT <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 10/4/58 to 10/17/58 and last saw him alive on 10/17/58 Death occurred at 2:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) H. K. Wieman M.D.		22b. ADDRESS medical arts bldg. Joplin, Missouri		22c. DATE SIGNED 10/25/58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-26-1958		23c. NAME OF CEMETERY OR CREMATOR Carl Junction Cem.		23d. LOCATION (City, town, or county) (State) Carl Junction, Mo.	
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24. FUNERAL DIRECTOR Don Roney, Carl Jct., Mo.		25. DATE RECD. BY LOCAL REG. 10-26-58		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	
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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION
H. K. WIEMAN - M.D.
All diseases in Part I must be causally related. No symptoms will be listed.

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 *Jack C. Simpson*
Licensed Embalmer No. *4647*
P. O. Address *Wet City, 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.