

FILED OCT 31 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036916  
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 150

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY OR TOWN <u>Rural - Joachim</u> (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>STE. GENEVIEVE</u> c 950 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JEFFERSON CO. MEM.</u>		d. STREET ADDRESS (If outside, give location) <u>HIGHWAY 61</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb <u>1 Wk.</u>			

3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>FRED</u> Last <u>REESE</u>			4. DATE OF DEATH Month <u>OCT</u> Day <u>18</u> Year <u>1958</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG 28 1895</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RK CONDUCTOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MO-ILL. RR. CO.</u>	11. BIRTHPLACE (City and state or country) <u>ST. MARY'S MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>LOUIS REESE</u>	13b. MOTHER'S MAIDEN NAME <u>CORA THURMAN</u>	14. NAME OF HUSBAND OR WIFE <u>GRACE MORTON</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>702-16-642</u>	17. INFORMANT <u>Grace Reese St. Genevieve Mo</u> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____		
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"/>

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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>4201</u>	COUNTY	STATE
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21. I attended the deceased from <u>1933</u> to <u>Oct 18-58</u> and last saw <sup>her</sup> him alive on <u>Oct 18-58</u> Death occurred at <u>7:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Grace Reese St. Genevieve Mo</u> (Degree or title)	22b. ADDRESS <u>St. Genevieve, Mo</u>	22c. DATE SIGNED <u>10-20-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10/21/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>VALLEY SPRING</u>	23d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>
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24. FUNERAL DIRECTOR <u>Lee Baker St. Genevieve Mo</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>10-22-58</u>	26. REGISTRAR'S SIGNATURE <u>Paul A. Rigdon</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

8964 18 100

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
8964 9 AON

DATE RECEIVED

OCT 28 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 *Adrian J. Eller* .....

Licensed Embalmer No. *4740* .....

P. O. Address *St. Genevieve,* .....

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.