

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047056

STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 51

FILED JAN 7 1959

300
1-57
3

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mountain Grove,</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Mountain Grove</u> 1140
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route D Highway</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>R.F.D.</u>

3. NAME OF DECEASED (Type or print) First <u>Joanna</u> Middle <u>Reese</u> Last <u>Reese</u>			4. DATE OF DEATH Month <u>December</u> Day <u>21</u> Year <u>1958</u>		
--	--	--	--	--	--

5. SEX <u>Female</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>Feb. 8, 1897</u>	9. AGE (In years last birthday) <u>61</u>	FUNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
-------------------------	----------------------------------	---	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Prior, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>Robert Wood</u>	13b. MOTHER'S MAIDEN NAME <u>Lucinda Groves</u>	14. NAME OF HUSBAND OR WIFE <u>Simeon Reese</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>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Marlan Reese</u>	Address <u>Cabool, Missouri</u>
--	-------------------------	--------------------------------------	------------------------------------

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>Broken neck, crushed chest.</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	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"/> <u>2</u>

20a. ACCIDENT <input checked="" 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.) <u>AUTOMOBILE ACCIDENT X SOUTH OF MTN GROVE</u>
20c. TIME OF INJURY Hour <u>12</u> Month, Day, Year <u>31-58</u>	

20d. INJURY OCCURRED WHILE AT WORK <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.) <u>HIHWAY</u>	20f. CITY, TOWN, OR LOCATION <u>MTN GROVE, WRIGHT MO.</u>	COUNTY <u>114</u>	STATE <u>MO.</u>
21. I viewed the deceased from <u>Dec. 21, 1958</u> to <u>10:30 A.M.</u> and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Frank Heale</u>	(Degree or title) <u>Coroner 3</u>	22b. ADDRESS <u>mtn Grove, Mo</u>	22c. DATE SIGNED <u>12-26-58</u>
--------------------------------------	---------------------------------------	--------------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 24, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Penner Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Vanzant, Missouri</u>
--	-----------------------------------	--	---

24. FUNERAL DIRECTOR <u>Russell W. Barber</u>	ADDRESS <u>Mountain Grove, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>12-27-1958</u>	26. REGISTRAR'S SIGNATURE <u>Bernice L. Silverman</u>
--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

VS. AUG 23 1961

County File Number
Date Filed 1-6-59

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 *George Shapiro*

Licensed Embalmer No. *3161*

P. O. Address *Mt. Laurel, N.J.*

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.