pt. Health, & Welfare
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020874
STATE FILE NUMBER

FILED JUN 30 1959 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kennett, Mo. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Dunklin Co. Mem. — Length of stay in Hospital: 7 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dunklin
c. CITY OR TOWN: Arbyrd — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Route 1 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Clady Middle: Clementine Last: Reagan

4. DATE OF DEATH: Month June Day 6 Year 1959

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: June, 1907

9. AGE (In years last birthday): 52 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Senath, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: P. J. Pitts

13b. MOTHER'S MAIDEN NAME: Owens

14. NAME OF HUSBAND OR WIFE: Alvin Reagan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT Address: Alvin Reagan-Arbyrd, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 7 Days
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): 4222

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

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 April 20, 59, to June 6, 59 and last saw her alive on June 6, 1959. Death occurred at 6:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. M. English M.D.

22b. ADDRESS: Cardwell, Missouri

22c. DATE SIGNED: 6-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6/8.59

23c. NAME OF CEMETERY OR CREMATORY: Senath

23d. LOCATION (City, town, or county) (State): Senath Mo.

24. FUNERAL DIRECTOR ADDRESS: McDaniel Funeral Service, Senath Mo.

25. DATE RECD BY LOCAL REG.: June 22-59

26. REGISTRAR'S SIGNATURE: Earl Husband

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 6-29-59
COUNTY FILE NUMBER 652-186

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 Tommy L. Doherty
Licensed Embalmer No. 486
P. O. Address Kennett, 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.