

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021904
STATE FILE NUMBER

FILED JUN 19 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 291

300
-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) Joplin, Missouri		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rt 1 Oronogo, 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 S. John's Hosp.		Length of stay in lb 5 days	d. STREET ADDRESS (If outside, give location) 15 Miles N. of Webb City Mo. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Emily Middle D. Last Rea			4. DATE OF DEATH Month June Day 5 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 22, 1881
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Benjamin Knee	13b. MOTHER'S MAIDEN NAME Kesia Wilcox
14. NAME OF HUSBAND OR WIFE Joseph Rea		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.
17. INFORMANT Mr. Douglas Rea		Address Rt 1 Oronogo 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) Cerebral accident (embolus). Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Auricular fibrillation. DUE TO (c) Arteriosclerotic heart disease.			INTERVAL BETWEEN ONSET AND DEATH 4 days. 10 days 2 years?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 4200			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 1
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 WORK <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 6-2-59 to 6-5-59 and last saw her alive on 6-5-59 Death occurred at 9:15 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. A. [Signature]</i> (Degree or title) M.D.		22b. ADDRESS 308 F.R.L. Bldg., Joplin, Mo.	22c. DATE SIGNED 6-9-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/8/1959	23c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery	23d. LOCATION (City, town, or county) (State) Carterville, Missouri
24. FUNERAL DIRECTOR Johnston-Arnice-Simpson Mortuary		25. DATE RECD. BY LOCAL REG. 6-12-1959	26. REGISTRAR'S SIGNATURE <i>Stow Merriam</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Harvey E. Arue

Licensed Embalmer No. 4463

P. O. Address West 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.**