

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000905

FILED VS JAN 12 1960

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>DUNKLIN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>DUNKLIN</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KENNETT</b>		Length of stay in 1b <b>21 yrs.</b>		c. CITY OR TOWN <b>KENNETT</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ON NORTH By Pass at BRISCO Railroad</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>NORTH-BY-PASS</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>HOMER</b> Middle <b>L</b> Last <b>REAMES</b>				4. DATE OF DEATH Month <b>JAN</b> Day <b>4</b> Year <b>1960</b>									
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>June 19 1902</b>		9. AGE (last birthday) <b>58</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MANAGER</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>ELECTRIC SERVICE</b>				11. BIRTHPLACE (City and state or country) <b>BLADGETT, MO</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>THOMAS REAMES</b>				13b. MOTHER'S MAIDEN NAME <b>EVA ADELINE ROWE</b>				14. NAME OF HUSBAND OR WIFE <b>ARLENE CHAURAN REAMES</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>				16. SOCIAL SECURITY NO. <b>478-05-3132</b>		17. INFORMANT Address <b>MRS. HOMER L. REAMES</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Brain concussion</b>										INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>			
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 (e) <b>none</b>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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.) <b>auto-train accident</b>									
20c. TIME OF INJURY Hour <b>8:15</b> P.M. <b>X</b> Month, Day, Year <b>1-4-60</b>		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.)		20f. CITY, TOWN, OR LOCATION <b>Kennett</b>		COUNTY <b>Dunklin</b>		STATE <b>Missouri</b>			
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Paul M. Miller M.D.</b>						22b. ADDRESS <b>211 Teaco Kennett, Mo.</b>			22c. DATE SIGNED <b>1-7-60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>Jan 7-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>oak Ridge</b>		23d. LOCATION (City, town, or county) (State) <b>KENNETT MO.</b>							
24. FUNERAL DIRECTOR <b>Paul Salmon - Kennett - Mo</b>				25. DATE RECD. BY LOCAL REG. <b>Jan 7-1960</b>		26. REGISTRAR'S SIGNATURE <b>Paul Husband</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 19 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. 2556

P. O. Address *[Handwritten Address]*

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.