

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026376

FILED VS AUG 8 1960

STATE FILE NUMBER

Registration District No. 108 Primary Registration District No. 5420 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holcomb Township	Length of stay in 1b 50 years	c. CITY OR TOWN Holcomb	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD #1

3. NAME OF DECEASED (Type or print) First JACOB Middle MARTIN Last REEL			4. DATE OF DEATH Month June Day 24 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 12, 1888	9. AGE (last birthday) 72	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) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Vincennes, Indiana		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Abraham Clark Reel		13b. MOTHER'S MAIDEN NAME Matilda Martin		14. NAME OF HUSBAND OR WIFE Frankie Reel	
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. unknown		17. INFORMANT Address Frankie Reel Holdomb, Missouri	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 1-2 min. ? years.
IMMEDIATE CAUSE (a) Acute Coronary occlusion			
DUE TO (b) Hypertensive Arteriosclerotic C.V. Disease.			
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.		
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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.)			
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 6/6/60 to 6/24/60 and last saw ^{her}him alive on 6/24/60
Death occurred at 11:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wallace Belsey M.D.	22b. ADDRESS Campbell, Mo.	22c. DATE SIGNED 6/27/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 26, 1960	23c. NAME OF CEMETERY OR CREMATORY Loyd Cemetery	23d. LOCATION (City, town, or county) (State) Holcomb Missouri
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24. FUNERAL DIRECTOR ADDRESS Landess Funeral Home, Campbell, Mo.	25. DATE RECD. BY LOCAL REG. 7-30-1960	26. REGISTRAR'S SIGNATURE J. Anderson
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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 Christine M. Lander

Licensed Embalmer No. 422

P. O. Address Campbell,

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.