

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009936

STATE FILE NUMBER

Registration District No. 261Primary Registration District No. —Registrar's No. 50

AMENDED

FILED VS MAR 13 1961

1. PLACE OF DEATH

a. COUNTY

Nodawayb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWNSkidmore

Length of stay in 1b

70yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Mo. Nodawayc. CITY
OR TOWNSkidmoreInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONHomeInside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)Elmer

Middle

Reese

Last

4. DATE
OF DEATH

Month

Day

Year

3 7 1961

5. SEX

male

6. COLOR OR RACE

W. Cau.7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-12-1888 73

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lumberman

10b. KIND OF BUSINESS OR INDUSTRY

Lumber Business Skidmore, Mo.

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Lansing J. Reese

13b. MOTHER'S MAIDEN NAME

Mary E. Jones

14. NAME OF HUSBAND OR WIFE

Ethel Shipp Reese

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

James Reese, Raytown, 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)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

Instant

DUE TO (b)

Coronary occlusion2

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

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 _____ to _____ and last saw her/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

(Deputy or title)

B. B. Byland M.D.

22b. ADDRESS

Maryville Mo

22c. DATE SIGNED

3/9/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-9-1961

23c. NAME OF CEMETERY OR CREMATORY

Graham Cem.

23d. LOCATION (City, town, or county)

Graham, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Atchison Funeral Home, Maryville, Mo

25. DATE RECD. BY LOCAL REG.

3-9-61

26. REGISTRAR'S SIGNATURE

Bess Holt

(Licensed Embalmers' Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 15 1961

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 _____

Licensed Embalmer No. _____
P. O. Address Maryville 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.