Dept. Health, Educ., & Welfare
U. S. Public Health Service

V.S. 300
Rev. 1-56

0928

The funeral director is responsible for the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 16 1961

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-61-018701
STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. 2058 Registrar's No. 103

1. PLACE OF DEATH
a. COUNTY: St.Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Charles — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ~~INSTITUTION~~: St. Joseph — Length of stay in 1b: 6 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Pike
c. CITY OR TOWN: Pittsfield 8120 2 — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): Parkway Hotel — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Harvey Middle: Haze Last: Reel

4. DATE OF DEATH Month: April Day: 29 Year: 1961.

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** X 36 **DIVORCED** ☐
8. DATE OF BIRTH: Sept. 26, 1874
9. AGE (In years last birthday): 86 — 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): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gen. agriculture
11. BIRTHPLACE (City and state or country): Pike County, Ill. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Reel
14. MOTHER'S MAIDEN NAME: Nancy Betts

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.: None
17. INFORMANT Address: Leta Ducey, St.Charles, Mo.

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) Arteriosclerotic cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH: unk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis 4221 — Unk
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes mellitus
19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

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 4, 1960, to April 29, 1961 and last saw ~~he~~ him alive on 4-29-61
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 (Degree or title): Don Z. Randall, M. D. M.D.
22b. ADDRESS: 220 S. 6th St St. Charles, Mo
22c. DATE SIGNED: 4-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify): 5-2-61
23b. DATE: 5-2-61
23c. NAME OF CEMETERY OR CREMATORY: West
23d. LOCATION (City, town, or county) (State): Pittsfield Illinois

24. FUNERAL DIRECTOR ADDRESS: Walter M. Plattner Pittsfield, Ill
25. DATE RECD. BY LOCAL REG.: MAY 1 - 61
26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1962

FEB - 1 1962

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 by me, or by ....., Student Embalmer No..... working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Walter M. Plattner
Walter M. Plattner
Licensed Embalmer No. 571

P. O. Address Pittsfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.