

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-015040**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 142 Primary Registration District No. 8556 Registrar's No. 16

**FILED APR 16 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Howell</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>                        |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Goldsberry</u>  |  | Length of stay in 1b  | c. CITY OR TOWN <u>Mountain View</u>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>Mountain View</u>  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Sherwood</u> Middle <u>Harmon</u> Last <u>Reese</u>   |  | 4. DATE OF DEATH<br>Month <u>March</u> Day <u>31</u> Year <u>1962</u>   |  |
| 5. SEX <u>M.</u>  | 6. COLOR OR RACE <u>W.</u>             | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2/14/91</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last birthday) <u>71</u>   |
| 11a. FATHER'S NAME<br><u>John L. Reese</u>  |  | 11b. MOTHER'S MAIDEN NAME<br><u>Marishti M. Penell</u>  | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |
| 13a. FATHER'S NAME  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Cora L. Reese</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 17. INFORMANT<br>Address<br><u>Cora L. Reese Mtn. View, Mo.</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Intracerebral hemorrhage</u>   |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Cerebral arteriosclerosis</u>   |  |   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour <u>          </u> a.m. / p.m.<br>Month, Day, Year <u>          </u>   |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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<br>COUNTY <u>          </u> STATE <u>          </u>  |  |
| 21. I attended the deceased from <u>March 31, 1962</u> to <u>March 31</u> and last saw her alive on <u>March 31</u><br>Death occurred at <u>March 31, 1962</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>M.C. Walton M.D.</u>   |  | 22b. ADDRESS<br><u>Mountain View, Mo.</u>   |  |
| 22c. DATE SIGNED  |  | 22d. DATE SIGNED  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>4/2/1962</u>           | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Old City Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Mountain View, Mo.</u>   |
| 24. FUNERAL DIRECTOR<br><u>Duncan Funeral Home Mtn. View, Mo.</u>   |  | 25. DATE RECD. BY LOCAL REG.<br><u>4/11/62</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Laura Mitchell</u>   |

APR 30 1963

**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 Joe R. Dunson

Licensed Embalmer No. 4325

P. O. Address Fort Lee, N.J.

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.