# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-015903
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5669 Registrar's No. 49

FILED APR 24 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

| | |
|---|---|
| 1 | 0570 |
| 2 | 0570 |
| 3 | 1 |
| 4 | 0 |
| 5 | 1 |
| 6 | |
| 7 | 0 |
| 8 | 0 |
| 9 | 4200 |
| 10 | |
| 11 | |
| 12 | 90-0 |
| 13 | 1-0 |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hawk Point township — Length of stay in 1b: 30 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: North of Warrenton — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Lincoln
c. CITY OR TOWN: Warrenton — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural Route #2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: George — Middle: W. — Last: Reese

4. DATE OF DEATH: Month: April — Day: 17, — Year: 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-3-1897
9. AGE (last birthday): 64 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (City and state or country): Warren County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: August Reese
13b. MOTHER'S MAIDEN NAME: Caroline Determan
14. NAME OF HUSBAND OR WIFE: Esther Pape 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.: unknown
17. INFORMANT: Mrs. George W. Reese — Address: R.R. #2 Warrenton, Mo.

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 |
|---|---|---|
| IMMEDIATE CAUSE (a) | Coronary occlusion, acute | 15 min |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Arteriosclerotic heart disease | unknown |
| DUE TO (c) | Generalized arteriosclerosis | " |

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 ☐ Unknown

MEDICAL CERTIFICATION

19. 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 2-21-59, to 4-17-62 and last saw her/him alive on 4-17-62
Death occurred at 8:00 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold Hoelscher M.D.
22b. ADDRESS: Warrenton, Missouri
22c. DATE SIGNED: 4-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-19-62
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): Warrenton, Mo.

24. FUNERAL DIRECTOR — ADDRESS: F.W.Nieburg & Co., Warrenton, Mo.
25. DATE RECD. BY LOCAL REG.: Apr. 18, 1962
26. REGISTRAR'S SIGNATURE: Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

NOV 29 1962

MAY 9 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,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John F. Lieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.