

-62-048117

STATE FILE NUMBER

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. Registrar's No. 552

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0940

2 0945

3

4 1

5 2

6

7 1

8 2

9 309X

10

11

12 93-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 8 1963

1. PLACE OF DEATH
 a. COUNTY **St. Francois**
 b. CITY (If outside corporate limits, give TOWNSHIP only) **St. Francois Township** Length of stay in lb **5Y;9 days**
 c. FULL NAME OF (If NOT in hospital, give location) **State Hospital No. 4** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **St. Francois**
 c. CITY OR TOWN **Farmington** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **19 Short Street** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **MARGARETTA** Middle **E.** Last **REA**
 4. DATE OF DEATH Month **December** Day **28** Year **1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **Apr. 11, 1910** 9. AGE (last birthday) **52**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Billing Supervisor**
 10b. KIND OF BUSINESS OR INDUSTRY **Mo. Natural Gas Co.**
 11. BIRTHPLACE (City and state or country) **Paducah, Kentucky**
 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **William Asbury Edwards** 13b. MOTHER'S MAIDEN NAME **Anise E. Cannon**
 14. NAME OF HUSBAND OR WIFE **Wilbert Rea (deceased)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)
 17. INFORMANT **Records, State Hosp. #4, Farmington, Mo.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Inanition** - - - - - **Int. 3 months.**
 DUE TO (b) **Psychosis** - - - - - **Int. 5 yrs.**
 DUE TO (c) **Chronic brain syndrome of unknown or unspecified cause.**
 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

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 **Sept. 23, 1962** to **Dec. 28, 1962** and last saw her ^{her} _{20th} alive on **Dec. 28, 1962**
 Death occurred at **1:40 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *J. L. Brennan M.D.* (Degree or title) 22b. ADDRESS **State Hospital No. 4, Farmington, Missouri** 22c. DATE SIGNED **12-29-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Dec. 31, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Masonic Cemetery** 23d. LOCATION (City, town, or county) (State) **Naylor, Missouri**

24. FUNERAL DIRECTOR **Ocean Funeral Home, Farmington, Mo.** ADDRESS
 25. DATE RECD. BY LOCAL REG. **Dec. 29, 1962** 26. REGISTRAR'S SIGNATURE *Ethel Rudloff*

USE BLACK INK OR TYPEWRITER RIBBON

JAN 10 1963

MAR 14 1963

FEB 8 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 _____

C. H. Ozan

Licensed Embalmer No. 4084

P.O. Address Terre Haute, 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.