

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

7996

State File No. ....

BIRTH NO. FILED APR 8 1954 REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5190 Registrar's No. 160

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Carroll</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. 2 Carrollton</u> c. LENGTH OF STAY (If this place) <u>Life.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carrollton</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u> c. CITY OR TOWN <u>R.F.D. 2</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>R.F.D. 2 1 Mile north Carrollton</u>	
--	--	--	--

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Rea</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 25, 1954</u>			
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Nov. 12, 1876</u>	<b>9. AGE</b> (In years last birthday) <u>77</u>	<b>IF UNDER 1 YEAR</b> Months <u>4</u> Days <u>13</u>	<b>IF UNDER 18 HRS.</b> Hours <u>  </u> Min. <u>  </u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; Stockman</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Carrollton, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Joseph H. Rea</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Katherine Humphrey</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Abba Pobinson Rea</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Frank G. Rea R.R. 2 Carrollton, Mo.</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Broken Neck and Right &amp; Left</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chest Crushed.</u> DUE TO (c) <u>Attacked by Aberdeen Angus Bull.</u> <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>E9281</u> <u>3</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  
--	--	--	---

<b>19a. DATE OF OPERATION</b>  	<b>19b. MAJOR FINDINGS OF OPERATION</b>  	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Accident</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Carrollton, Carroll Mo.</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>3-25-1954 11:00</u>	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>Working in barn.</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11 Am., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Arvid Dickerson Coroner</u>	<b>23b. ADDRESS</b> <u>Boyard Mo</u>	<b>23c. DATE SIGNED</b> <u>3-25-54</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>3/28/54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Oak Hill Cemetery</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Carrollton, Missouri</u>		

<b>DATE REC'D BY LOCAL REG.</b> <u>3/28/54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mr. Herbert C. Clevett</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Marshall Funeral Home Carrollton</u>
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

0.300  
0.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

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.....  
*P. M. Mendenhall*

Licensed Embalmer No. *44*

P. O. Address *Carroll*

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.