

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

40140

State File No. _____

No. 300
10-48

FILED JAN 15 1951

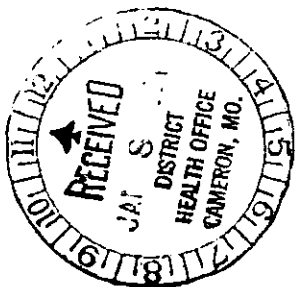
BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>169</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs, 8th Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Carrollton, Mo.</u>		0190	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route #6</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUMAN</u>		b. (Middle) <u>Chester</u>		c. (Last) <u>REA</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 30 1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 23</u>	
9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>0</u>		11. DAYS <u>7</u>		12. IF UNDER 18 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	
13a. FATHER'S NAME <u>Jonathan Rea</u>				13b. MOTHER'S MAIDEN NAME <u>Christian Liocker</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (a. no. or unknowns) (b. If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>L.C. Rea Jr</u> ADDRESS <u>Carrollton Mo</u>			
18. CAUSE OF DEATH 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>11 Nov</u> , 19 <u>50</u> , to <u>30 Dec</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 29</u> , 19 <u>50</u> , and that death occurred at <u>12 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Reginald S. Hubert M.D.</u>				23b. ADDRESS <u>Excelsior Springs, Mo</u>		23c. DATE SIGNED <u>12/30/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 1-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Emm.</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>	
DATE REC'D BY LOCAL REG. <u>12/30/50</u>		REGISTRAR'S SIGNATURE <u>Marlene Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. A. Dickerson</u>		ADDRESS <u>Boards</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0241
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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
Student Embalmer

Signed E. A. Burkson

Licensed Embalmer No. 2534

P. O. Address Bogard, 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 this body is not embalmed, fact should be so stated above.