

FILED MAR 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9002

STATE FILE NUMBER

Registration District No. 186

Primary Registration District No. 3026

Registrar's No. 124

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence 7005 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION Hall Drug. Co.		d. STREET ADDRESS (If outside, give location) 1421 Brookside	
Length of stay in lb 2 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RUSSELL Middle RAYMOND Last REA		4. DATE OF DEATH Month Mar. Day 20 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 22, 1888
9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Warehouseman		10b. KIND OF BUSINESS OR INDUSTRY A.&P. Grocery	
11. BIRTHPLACE (City and state or country) Dawn, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Johnathan Rea		14. MOTHER'S MAIDEN NAME Christina Loffert	
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. 500-28-6293	
17. INFORMANT Mrs. Kathryn Rea, Independence, 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) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4201			INTERVAL BETWEEN ONSET AND DEATH 2 days 2 years 3 years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour 4 Month Sept Year 1955 a. m. 20 p. m. 1957	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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 INDEPENDENCE MO		COUNTY BRAYMER STATE MISSOURI	
21. I attended the deceased from Sept 1955 to March 20 1957 and last saw her/him alive on Mar 19, 1957 Death occurred at 4201 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE RH Boyd Jr (Degree or title) DO		22b. ADDRESS 9529 TRUMAN RD	
22c. DATE SIGNED 3/21/57		22d. LOCATION (City, town, or county) (State) BRAYMER, MISSOURI	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Mar. 22, 1957	
23c. NAME OF CEMETERY OR CREMATORY Plymouth Cemetery		23d. LOCATION (City, town, or county) (State) Braymer, Missouri	
24. FUNERAL DIRECTOR George C. Carson, Independence, Mo.		25. DATE RECD. BY LOCAL REG. 3-22-57	
26. REGISTRAR'S SIGNATURE James H. Carson			

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by T93.140 MoRS 1949.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 25 1957

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

H. Gibson

Licensed Embalmer No. *4871*

P. O. Address *Indep. M.*

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.