

FILED OCT 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **35172**

Registration District No. **316** Primary Registration District No. **3060** Registrar's No. **368**

300
1-56

4

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ste. Genevieve	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Farmington Rt. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION White Way Nursing Home Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 0941 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last William Daniel Reeder			4. DATE OF DEATH Month Day Year Oct. 17 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 24, 1869	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 11 Days 23 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ste. Genevieve Co. Rt. Mo.	
13. FATHER'S NAME John C. Reeder			14. MOTHER'S MAIDEN NAME Sarah Ann Pinkston		
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. —		17. INFORMANT Address D.C. Coley Farmington, Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs
DUE TO (b) Senile Psychosis		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		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.) 304X	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 		
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 COUNTY STATE

21. I attended the deceased from Oct 16 1956 to Oct 17 1956 and last saw ^{her} him alive on Oct 16 1956 Death occurred at 11-45 pm on the date stated above; and to the best of my knowledge, from the cause stated.		
22a. SIGNATURE (Degree or title) L. M. Stanfield 202	22b. ADDRESS Farmington Mo	22c. DATE SIGNED 10/17/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 19, 1956	23c. NAME OF CEMETERY OR CREMATORY Little Vine Cem.	23d. LOCATION (City, town, or county) (State) Smott, Mo. Rt. Mo.
24. FUNERAL DIRECTOR ADDRESS C. H. Cozzen Farmington, Mo.		25. DATE RECD. BY LOCAL REG. 10/19/56	26. REGISTRAR'S SIGNATURE Ether Rudloff

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

89-

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. J. Cozear
Licensed Embalmer No. *40*

P. O. Address *Farmington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.