

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19855

State File No. ....

BIRTH NO. .... REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 27

0361

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan</u>		c. LENGTH OF STAY (in this place) <u>7 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanton</u>		0360
d. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <u>North Side hospital</u>			d. STREET ADDRESS (If rural, give location) <u>U</u>		
3. NAME OF DECEASED a. (First) <u>Edward</u> b. (Middle) <u>Earl</u> c. (Last) <u>Reed</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 2, 1902</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS: Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad Sec.</u>	11. BIRTHPLACE (State or foreign country) <u>Morrelton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James E. Reed</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Daugherty</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Reed</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pearl Reed Stanton, Missouri</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide--By firearm</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>4 min</u> <u>E 776X</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Stanton Franklin Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 5 50 5 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shot self with 22 calibre rifle</u>			
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>7:42 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm. P. Shaffer</u> (Degree or title) <u>Coroner</u>			23b. ADDRESS <u>Sullivan, Missouri</u>		23c. DATE SIGNED <u>7/5/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/8/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>anaconda</u>	24d. LOCATION (City, town, or county) (State) <u>anaconda mo</u>		
DATE REC'D BY LOCAL REG. <u>7-6-1950</u>	REGISTRAR'S SIGNATURE <u>Ed. Reardon</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. P. Shaffer Sullivan mo</u>		

AUG 2 1950

RECEIVED JUN 10 1950  
District Health Officer No. 9  
District File Number

JUL 14 1950

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 Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address Sullivan, Missouri

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.