

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21185

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5960 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 4 mile east of Camden		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrison	
d. FULL NAME OF HOSPITAL OR INSTITUTION Farm of Earl Boyd		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Walter c. (Last) Reed			4. DATE OF DEATH (Month) (Day) (Year) May 28, 1950		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 9, 1894	9. AGE (In years last birthday) 55	10. CITIZEN OF WHAT COUNTRY? _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veterinarian		10b. KIND OF BUSINESS OR INDUSTRY Gov. Veterinarian		11. BIRTHPLACE (State or foreign country) Red Oak, Iowa	
13a. FATHER'S NAME Frank Reed		13b. MOTHER'S MAIDEN NAME Mary E. Reed		14. NAME OF HUSBAND OR WIFE Stella Maúzey	

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'S SIGNATURE OR NAME Mrs. Stella Reed ADDRESS Harrison, Ark.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hour
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: Acute Indigestion 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.		4 30 1	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____	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 **May 28, 1950**, to **May 28, 1950**, that I last saw the deceased alive on **May 28, 1950**, and that death occurred at **5 P** m., from the causes and on the date stated above.

23a. SIGNATURE M.H. Moore (Degree or title) _____	23b. ADDRESS Dearborn Mo	23c. DATE SIGNED 5-29-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-29-50	24c. NAME OF CEMETERY OR CREMATORY Red oak Cem.
24d. LOCATION (City, town, or county) (State) Red Oak Iowa		

DATE REC'D BY LOCAL REG. 5-29-50	REGISTRAR'S SIGNATURE B. Phia Rollins	25. FUNERAL DIRECTOR'S SIGNATURE PERRYMAN FUNERAL HOME ADDRESS RED OAK IOWA
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 6
District Health Officer No. 8,
District File Number _____
Date Filed 6-27-50

JUN 13 1950

JUN 27 1950

JUL 31 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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.