No. 300
10.48

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29101

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 84

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Slater
c. LENGTH OF STAY (in this place) 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Slater 0971
d. STREET ADDRESS (If rural, give location) 849 - Ada St

3. NAME OF DECEASED (Type or Print) a. (First) Orville b. (Middle) Henry c. (Last) Reed

4. DATE OF DEATH (Month) (Day) (Year) Aug-11-1950

5. SEX male
6. COLOR OR RACE White
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify) married
8. DATE OF BIRTH July-26-1904
9. AGE (In years last birthday) 46-0-15 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Trucking Etc
11. BIRTHPLACE (State or foreign country) Yates Center Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME A W Reed
13b. MOTHER'S MAIDEN NAME Lucille Hamilton
14. NAME OF HUSBAND OR WIFE Etna Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-07-5249
17. INFORMANT'S SIGNATURE OR NAME Mrs Etna Reed, ADDRESS Slater Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chr. — INTERVAL BETWEEN ONSET AND DEATH 3-17-50

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic fever — ?
DUE TO (c) Following Influenza — Dec 49

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Smoke 2 Pt Ct. — 400 X

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* 3-17, 1950, *to* 8-4, 1950, *that I last saw the deceased alive on* 8-4, 1950, *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE N E Lockwood MD (Degree or title)
23b. ADDRESS Slater Mo
23c. DATE SIGNED 8-12-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug-13-50
24c. NAME OF CEMETERY OR CREMATORY Miami Cemetery
24d. LOCATION (City, town, or county) (State) Miami, Mo

DATE REC'D BY LOCAL REG. 8/13/50
REGISTRAR'S SIGNATURE Mrs Earl C. Metz
25. FUNERAL DIRECTOR'S SIGNATURE Jones & Salzer, ADDRESS Slater Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-2
DISTRICT HEALTH OFFICE No. 3
District File Number .....
Date Filed 8-21-52

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 James E. Jon

Licensed Embalmer No. 3/4

P. O. Address State

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.