

FILED NOV 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32568
Registrar's No. 22

070
1

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

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036

1. PLACE OF DEATH
a. COUNTY **BATES**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY **BATES**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **RICH HILL** c. LENGTH OF STAY (in this place) **1 YEAR**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **RICH HILL** **0070**

d. FULL NAME OF HOSPITAL OR INSTITUTION **1021 E. WALNUT ST** d. STREET ADDRESS (If rural, give location) **1021 E. WALNUT ST.**

3. NAME OF DECEASED
a. (First) **ISSAIC** b. (Middle) **MARION** c. (Last) **REEDS**

4. DATE OF DEATH (Month) (Day) (Year) **NOV-2-1950**

5. SEX **0** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **FEB-4-1868** 9. AGE (in years last birthday) **82** IF UNDER 1 YEAR: MONTHS _____ DAYS _____ IF UNDER 1 WK: HOURS _____ MIN. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **MEDICAL DOCTOR** 10b. KIND OF BUSINESS OR INDUSTRY **M.D.** 11. BIRTHPLACE (State or foreign country) **ILLINOIS** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **GABRIEL REEDS** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **MATTE REEDS**

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. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **MAX REEDS - SUMMERSVILLE, MO.** ADDRESS _____

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) **Myocardial heart failure**
ANTECEDENT CAUSES **Hypertension**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.
443X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **April 1950** to **Nov 2, 1950**, that I last saw the deceased alive on **Nov 2, 1950**, and that death occurred at **8 AM**, from the causes and on the date stated above.

23a. SIGNATURE **Edna Long** (Degree or title) _____ 23b. ADDRESS **Booth Funeral Home, Rich Hill, Mo.** 23c. DATE SIGNED **Nov 8 1950**

24a. BURIAL CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **NOV-4-1950** 24c. NAME OF CEMETERY OR CREMATORY **SUMMERSVILLE, MO.** 24d. LOCATION (City, town, or county) (State) **SUMMERSVILLE - MISSOURI**

DATE REC'D BY LOCAL REG. **Nov. 4 1950** REGISTRAR'S SIGNATURE **Mrs. Edna Long** 25. FUNERAL DIRECTOR'S SIGNATURE **Booth Funeral Home, Rich Hill, Mo.** ADDRESS _____

RECEIVED

11/8/50

DISTRICT HEALTH OFFICE No. 8

District File Number

Date Filed 11/8/50

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

.....
working under my personal supervision.

..... Student Embalmer No.

Signed.....
Student Embalmer

Signed

John G. Hubbard
.....
Licensed Embalmer No. 3585
P. O. Address. Butler MD

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.