

FILED NOV 22 1950

STANDARD CERTIFICATE OF DEATH

Dr. Fitch 36773
State File No.

BIRTH NO.		REG. DIST. NO. <u>122</u>		PRIMARY REG. DIST. NO. <u>5453</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> <u>496</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brookline Township</u>				d. STREET ADDRESS (If rural, give location) <u>513 W. Locust</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hugh</u>			b. (Middle) <u>W.</u>		c. (Last) <u>Reed</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14, 1940</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>March 15 1881</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Frisco R.R.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Section Foreman</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>A. J. Reed</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Reed</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Reed Springfield, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 Min</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerotic Heart Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</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)		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 <u>1949</u> , to <u>19</u> , that I last saw the deceased alive on <u>March 13 1950</u> , and that death occurred at <u>10 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Max Fitch M.D.</u>				23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>11-16-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-16-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11-18-1950</u>		REGISTRAR'S SIGNATURE <u>Flourance Britain</u> <u>106</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.H. Lohmeyer Springfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

390

3

RECEIVED

Greene County Health Office,

County File Number 50-11-59

Date Filed 11-21-59

NOV 22 1959

NOV 30 1959

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 William Greer

Licensed Embalmer No. 4733

P. O. Address Springfield, 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.