

FILED JAN 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 11193
Registrar's No. 213

BIRTH NO. 21888-50 129 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

0493

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

| | | | |
|---|---------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage | | c. LENGTH OF STAY (In this place) 8 MOS | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 112 Elm St. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage | |
| 3. NAME OF DECEASED (Type or Print) a. (First) STEVEN b. (Middle) RAY c. (Last) REED (REID) | | 4. DATE OF DEATH (Month) (Day) (Year) Dec 18, 1950 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH April 14, 1950 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant | | 10b. KIND OF BUSINESS OR INDUSTRY at home | 9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 24 HRS. Min. 0 8 4 |
| 11a. BIRTHPLACE (State or foreign country) Carthage, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Leland Reed | | 13b. MOTHER'S MAIDEN NAME Louise Fly | |
| 14. NAME OF HUSBAND OR WIFE ---- | | 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 ADDRESS Leland Reed, 112 Elm, Carthage, 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) <u>Convulsions</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ | |
| 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) <u>Carthage Jasper, Mo</u> | |
| 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>Dec 13, 1950</u> , to <u>Dec 18, 1950</u> , that I last saw the deceased alive on <u>Dec 17, 1950</u> , and that death occurred at <u>3:30</u> a.m., from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) <u>M. Foster Whitten MD</u> | | 23b. ADDRESS Carthage, Mo | |
| 23c. DATE SIGNED 12-18-50 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | |
| 24b. DATE 12-19-1950 | | 24c. NAME OF CEMETERY OR CREMATORY Park Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Carthage, Mo | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u> | |
| DATE REC'D BY LOCAL REG. 12/18/50 | | REGISTRAR'S SIGNATURE <u>[Signature]</u> 139 | |

RECEIVED 12-29-50

Jasper County Health Office

County File Number 50/12/912

Date Filed 12-29-50

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

T. C. Rookwood

Student Embalmer No. 383

working under my personal supervision.

Student *Thomas C. Rookwood*
Student Embalmer

Signed *Frank W. Knell*

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.