

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3694

BIRTH NO. 0043 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>	
c. LENGTH OF STAY (In this place) <u>3 mo</u>		d. STREET ADDRESS (If rural, give location) <u>721 W. JACKSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BAKER NURSING HOME</u>			

3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>MARGARET ANN</u> c. (Last) <u>REEDS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 6 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APR 22 1878</u>	9. AGE (In years last birthday) <u>72</u>	# UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>LINCOLN COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Wm. Cook</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET SUBJECT</u>	14. NAME OF HUSBAND OR WIFE <u>John Reeds</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ms John Reeds</u> ADDRESS <u>Mexico</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured rib</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>can 30</u> <u>6/21</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) (Minute)	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 Jan 23, 1951, to Feb 6, 1951, that I last saw the deceased alive on Jan 6, 1951, and that death occurred at 9P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles Garcia MD</u> (Degree or title)	23b. ADDRESS <u>Mexico Mo</u>	23c. DATE SIGNED <u>2/7/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-9-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>MEXICO MO</u>		

DATE REC'D BY LOCAL REG. <u>Feb 7-1951</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Arnold</u> ADDRESS <u>Mexico Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1961 1 NOV

Date Received: FEB 1 6 1951
DISTRICT HEALTH OFFICE FEB 2 1951
District File Number 3-57-3
Date Filed: FEB 1 6 1951

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 Charles V. Stearing

Signed.....
Student Embalmer

Licensed Embalmer No. 4625

P. O. Address Mexico 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.