

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15787

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

BIRTH NO. _____		REG. DIST. NO. <u>44</u>		PRIMARY REG. DIST. NO. <u>4060</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment.)			
a. COUNTY <u>Caldwell</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Decaturville</u>		c. LENGTH OF STAY (In this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Broadway</u>	
a. STATE <u>Mo</u>		b. COUNTY <u>Caldwell</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Decaturville, Mo #133</u>		d. STREET ADDRESS (If rural, give location) <u>West Broadway</u>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Minerva</u>		b. (Middle) <u>Caroline</u>		c. (Last) <u>Reed</u>	
4. DATE OF DEATH		(Month) <u>5</u>		(Day) <u>21</u>		(Year) <u>51</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Jan 10 1861</u>		9. AGE (In years last birthday) <u>90</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>		11. BIRTHPLACE (State or foreign country) <u>Lexington, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Wah Herzhuger</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Truesper</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart & Left foot, both arteriosclerotic</u>		DUE TO (b) _____				_____	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				_____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				260X	
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) m.		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>4-29</u> , 19 <u>51</u> , to <u>5-21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-20</u> , 19 <u>51</u> , and that death occurred at <u>9</u> <u>0</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. W. Webb M.D.</u>				23b. ADDRESS <u>Decaturville, Mo</u>		23c. DATE SIGNED <u>5-22-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-23-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>True Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Decaturville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-6-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wammell F. Horn</u>		ADDRESS <u>Decaturville, Mo</u>	



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 _____

Signed.....

Student Embalmer

Licensed Embalmer No. 4425

P. O. Address 98. Buckenridge, Va.

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.