

STANDARD CERTIFICATE OF DEATH

State File No. **19509**

FILED JUL 2- 1951

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **668**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 1117	
c. LENGTH OF STAY (in this place) D.O.A.		d. STREET ADDRESS (If rural, give location) 1028 Angelique	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Virgil c. (Last) Reed			4. DATE OF DEATH (Month) (Day) (Year) June 21, 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 25, 1893	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Salesman		10b. KIND OF BUSINESS OR INDUSTRY Truck Agency		11. BIRTHPLACE (State or foreign country) Frankfort, Indiana	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Benjamin Reed		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Ella Reed	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 491-10-7280		17. INFORMANT'S SIGNATURE OR NAME Ella Reed ADDRESS 1028 Angelique St. Joseph, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 Min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis 3 yr.		
	DUE TO (c) Generalized Arteriosclerosis 3 yrs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benjamin M. Riles D.O.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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) (Min.)	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 **October**, 1950, to **May 27, 1951**, that I last saw the deceased alive on **May 27, 1951**, and that death occurred at **3:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Benjamin M. Riles, D.O. (Degree or title)		23b. ADDRESS 926 Edmond St		23c. DATE SIGNED 6-21-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/23/1951	24c. NAME OF CEMETERY OR CREMATORY Old Union Cemetery	24d. LOCATION (City, town, or county) (State) Buchanan County, Missouri		
DATE REC'D BY LOCAL REG. June 26, 1951	REGISTRAR'S SIGNATURE Carl C. Carty	25. FUNERAL DIRECTOR'S SIGNATURE Horton Bowman ADDRESS Funeral Home	St. Joseph, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *W. E. Edmonstone* _____

Licensed Embalmer No. *4791* _____

P. O. Address *318 So. 10 St. St. Joseph, 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.