

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30709**

FILED OCT 8 1951

BIRTH NO. 105428-57 REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 75

055-1  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY OR TOWN <b>Aurora</b>		c. CITY OR TOWN <b>Aurora</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Aurora Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Donald</b> b. (Middle) <b>Paul</b> c. (Last) <b>Reeder</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9 27 51</b>		
5. SEX <b>M U</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant 1)</b>	
8. DATE OF BIRTH <b>9/27/51</b>		9. AGE (In years last birthday) <b>0</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri 0</b>	

13a. FATHER'S NAME <b>J. Frank Reeder</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Frances Campbell</b>		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) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>J. Frank Reeder</b>	
				ADDRESS <b>Aurora, Mo.</b>	

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) <b>Staphylococcus</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 Hours</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prematurity</b>			<b>Throat</b>
		DUE TO (c)			<b>9 rotations</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>7625</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Sept 27, 1951, to Sept 27, 1951, that I last saw the deceased alive on Sept 27, 1951, and that death occurred at 8:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <b>D. G. [Signature]</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Aurora, Mo.</b>		23c. DATE SIGNED <b>9-27-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/28/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Osark Memorial Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Soplin, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>Sept 28-51</b>		REGISTRAR'S SIGNATURE <b>Orla Mc Natt 157</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>William W. Wood</b>		ADDRESS <b>Aurora, Mo.</b>	
---	--	--	--	--	--	-------------------------------	--

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED OCT 1 1951

Dist. File 1021-1246

Date Filed 10-9-51

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.....

Body Not Embalmed Artificially

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed William W. Wood

Licensed Embalmer No. 4539

P. O. Address Aurora, 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.