THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1952

State File No. 42281

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 418

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0647
d. STREET ADDRESS (If rural, give location): 607 Lyon St D

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): F.
c. (Last): Reed

4. DATE OF DEATH (Month) (Day) (Year): Dec. 30. 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 13. 1907
9. AGE (In years last birthday): 44 — If under 1 year: Months 10, Days 17; If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barterer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri D
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Michael Reed
13b. MOTHER'S MAIDEN NAME: Leora Buchanan
14. NAME OF HUSBAND OR WIFE: Golie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Hardie Reed — **ADDRESS**: 607 Lyon Hannibal 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) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis, chronic with decompensation
DUE TO (c) Generalized edema

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: 4222
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12/29, 1951, *to* 12/30, 1951, *that I last saw the deceased alive on* 12/29, 1951, *and that death occurred at* 3.40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Murphy (Degree or title): M.D.
23b. ADDRESS: Hannibal, Missouri
23c. DATE SIGNED: 1/2/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-1-52
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Hannibal Marion Mo

DATE REC'D BY LOCAL REG.: 1-7-52
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. C. Fisher 189
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: James O'Donnell Hannibal Mo

(Licensed Embalmer's Signature on Reverse Side)

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

RECEIVED JAN 8 1952
[illegible] Q. HEALTH DEPT.
DATE FILED JAN 9 1952

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 Michael J. O'Donnell
Licensed Embalmer No. 3246
P. O. Address Hammond 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.