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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16029

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 70

#m 36 2 0

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
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. Francis.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Union
d. STREET ADDRESS (If rural, give location): W. Main

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

4. DATE OF DEATH (Month) (Day) (Year): May 9th 1952

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: March 8th 1948
9. AGE (In years last birthday): 4 — If under 1 year: Months 2, Days 1 — If under 24 hrs.: Hours, Min.

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): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Esto Reed
13b. MOTHER'S MAIDEN NAME: Bonnie Haddox
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): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Bonnie Mayfin, Union, 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) ACUTE CARDIO-RESPIRATORY FAILURE WHILE UNDER GENERAL ANESTHIA — INTERVAL BETWEEN ONSET AND DEATH: 5 MIN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ACUTE APPENDICITIS AND MASSIVE MESENTERIC LYMPHADENITIS — 72 hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. TOXEMIA

19a. DATE OF OPERATION: 5-9-52
19b. MAJOR FINDINGS OF OPERATION: APPENDICITIS AND MASSIVE MESENTERIC LYMPHADENITIS
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* 5-9, 1952, *to* DEATH, 19__, *that I last saw the deceased alive on* 5-9, 1952, *and that death occurred at* 10.30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Pearl, M.D.
23b. ADDRESS: St Clair, Mo.
23c. DATE SIGNED: 5-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5/12/1952
24c. NAME OF CEMETERY OR CREMATORY: City
24d. LOCATION (City, town, or county) (State): Owensville, Mo.

DATE REC'D BY LOCAL REG.: May 12, 1952
REGISTRAR'S SIGNATURE: F. S. Hudmann by L. P. Hudmann Dep.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: E. F. Oltmann, Union, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 27 [redacted]

JUN 8 1954

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 E. F. Oltmann

Licensed Embalmer No. 1686

P. O. Address Union 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.