S. No. 300
v. 10-48

FILED AUG 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24757
State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 300

0485

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Independence c. LENGTH OF STAY (in this place) 50yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Independence 0485
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 131 E. Ruby St.	d. STREET ADDRESS (If rural, give location) 131 E. Ruby St.

3. NAME OF DECEASED (Type or Print) a. (First) MR. LOUIE b. (Middle) c. (Last) REEDER

4. DATE OF DEATH (Month) (Day) (Year) July 19, 1952

5. SEX Male

6. COLOR OR RACE Whiten

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 13, 1880

9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Johnson

10b. KIND OF BUSINESS OR INDUSTRY Monument Co.

11. BIRTHPLACE (City and State or Foreign Country) Franklin, Ky.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ~~Unknown~~ Vernon King Reeder

13b. MOTHER'S MAIDEN NAME ~~Unknown~~ Wilson

14. NAME OF HUSBAND OR WIFE Mrs. Ruby Reeder

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. 495-07-4510

17. INFORMANT'S SIGNATURE OR NAME MRS. Ruby Reeder ADDRESS Indep. 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) Cause of Death Unknown — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Probably Coronary Occlusion

DUE TO (c)

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 4201

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural

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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Hugh H. Owens (Degree or title) Coroner 3

23b. ADDRESS 1034 Rialto Bldg

23c. DATE SIGNED 7-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 22, 1952

24c. NAME OF CEMETERY OR CREMATORY Woodlawn

24d. LOCATION (City, town, or county) (State) Indep. Mo.

DATE REC'D BY LOCAL REG. 7-21-52

REGISTRAR'S SIGNATURE [signature] 304

25. FUNERAL DIRECTOR'S SIGNATURE Otto Mitchell ADDRESS Indep. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 4 REC'D

MAR 4 1953

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 me

....., Student Embalmer No. .....,

working under my persona! supervision.

Student .....
Student Embalmer

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Randolph 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.