

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5043 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seligman, Sugar Ck.</u>		c. LENGTH OF STAY (In this place) <u>7 Yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seligman, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi. N. of Seligman</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi. N. of Seligman</u>		3. NAME OF DECEASED a. (First) <u>Annie</u> b. (Middle) <u>Leona</u> c. (Last) <u>Reed</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>9-18-1952</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Oct. 13, 1871</u>		9. AGE (In years last birthday) <u>80</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas D. Vandervoort</u>		13b. MOTHER'S MAIDEN NAME <u>Mary F. Alexander</u>	
14. NAME OF HUSBAND OR WIFE <u>T. R. Reed</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Reed</u> ADDRESS <u>Seligman, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia.</u> INTERVAL BETWEEN ONSET AND DEATH <u>10-day.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____	
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) <u>H 91 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Sept. 3, 1952</u> , to <u>Sept. 18, 1952</u> , that I last saw the deceased alive on <u>Sept. 18, 1952</u> , and that death occurred at <u>3:10 A. M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Chas. P. Brown</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Seligman, Mo.</u>	
23c. DATE SIGNED <u>9-18-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>9-19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Waukomis Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Waukomis, Okla.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M.C. Aaron</u> ADDRESS <u>Cassville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-18-1952</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>	

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

0050

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

William A. Fulks

Licensed Embalmer No. *4658*

P. O. Address *Cassville, 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.