

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37953

State File No.

FILED DEC 15 1952

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 179

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

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>		c. CITY (If outside corporate limits) write RURAL and give township) <u>1007 Green Street</u>	
c. LENGTH OF STAY (in this place) <u>46 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Harrisonville Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1007 Green St.</u>			

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Robert Edward Reed</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10 - 1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWER, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 8 - 1865</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if any if retired) <u>Farmer Retired 20 yrs.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>DeKalb Co., Mo</u>		12. CITIZEN OR WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>Bloom Reed</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Sharp</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Reed</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Reed Harrisonville Mo</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 Week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Senility</u>		
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 <u>4201</u>	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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March, 1951, to 12-10-1952, that I last saw the deceased alive on 12-10-52, and that death occurred at 5:24 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward S. Jones</u>	23b. ADDRESS <u>Harrisonville, Mo</u>	23c. DATE SIGNED <u>12-12-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 12-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville MO</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 12 1952</u>	REGISTRAR'S SIGNATURE <u>Nora Barwood</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. H. Brown Harrisonville Mo</u>
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JAN 8 1952

RECEIVED
DEC 13
CASS COUNTY
HEALTH DEPARTMENT

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Robert A. Hansen

Signed.....

Student Embalmer

Licensed Embalmer No. 3920

P. O. Address *Harrisonville*

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.

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