

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42863

State File No.

FILED DEC 22 1952

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 49

661
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u>	
c. LENGTH OF STAY (In this place) <u>9 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1661</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Schneider Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alonzo</u>		b. (Middle) _____ c. (Last) <u>Reed</u>	
4. DATE OF DEATH <u>Dec. 5, 1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 26, 1865</u>
9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	IF UNDER 2 HRS. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Ret. Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Ulman, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>David L. Reed</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Reed</u>	
14. NAME OF HUSBAND OR WIFE <u>Bertha 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. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Reed</u>		ADDRESS <u>Eldon, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES _____ *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Cerebral arteriosclerosis</u> 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>334X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (a.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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1947</u> , to <u>Dec 5</u> , 1952, that I last saw the deceased alive on <u>Dec 5</u> , 1952, and that death occurred at <u>8:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. O. Shelton M.D.</u> (Degree or title)		23b. ADDRESS <u>Eldon Mo</u>	
23c. DATE SIGNED <u>Dec 8 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 8-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Gott</u>		24d. LOCATION (City, town, or county) (State) <u>Ulman, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 8, 1952</u>		REGISTRAR'S SIGNATURE <u>Adveretta Walt</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis N. Phillips</u>		ADDRESS <u>Eldon</u>	

PHILLIPS
MAR 12 1968

MAR 12 1968

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.....

Louis D. Phillips

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Louis D. Phillips*

Licensed Embalmer No. 3663

P. O. Address Eldon

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.