

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37

FILED JAN 22 1953

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lancaster</u>	
c. LENGTH OF STAY (In this place) <u>12 days</u>		d. STREET ADDRESS (If rural, give location) <u>0980</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Laughlin, Hospital & Clinic</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ida</u>	b. (Middle) <u>May</u>	c. (Last) <u>Reed</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 15 53</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 26, 1875</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Schuyler County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>W. M. Cook</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Lambert</u>	14. NAME OF HUSBAND OR WIFE <u>W. W. Reed</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth Andrews Lancaster Mo</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		<u>12 hours</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardio-vascular disease</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		<u>?</u>
	DUE TO (c) <u>4201</u>		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Cholecystitis & Cholelithiasis</u>		<u>Few weeks</u>

19a. DATE OF OPERATION <u>1-4-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Acute Cholecystitis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 1-3, 19 53, to 1-15, 19 53, that I last saw the deceased alive on 1-14, 19 53, and that death occurred at 5:20 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. H. Westwood M.D.</u>	23b. ADDRESS <u>Kirksville, Missouri</u>	23c. DATE SIGNED <u>1-16-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>ARKY MEM</u>	24b. DATE <u>Jan 18 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ARKY MEMORIAL</u>	24d. LOCATION (City, town, or county) (State) <u>Lancaster Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-16-53</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett R. Head</u>	ADDRESS <u>Lancaster Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Sverett B. Head

Licensed Embalmer No. 4038

P. O. Address Jamester 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.