

S. No. 300  
EV. 10.48

FILED APR 17 1953

STANDARD CERTIFICATE OF DEATH

16756  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u> <u>1003</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R 7 D # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME - R 7 D # 2</u>			
3. NAME OF DECEASED a. (First) <u>Gyla</u> (Type or Print)		b. (Middle) <u>KAY</u>	c. (Last) <u>REEDER</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 31 - 53</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>11-20-49</u>
9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u>	IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>SIKESTON Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>KENNETH REEDER</u>		13b. MOTHER'S MAIDEN NAME <u>ILEAN BECK</u>	14. NAME OF HUSBAND OR WIFE <u></u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Kenneth Reeder Sikeston</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphogenous Leukemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</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) _____	
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>Jan 18 1953</u> to <u>3-31, 1953</u> that I last saw the deceased alive on <u>3-31-53</u> and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. D. Urban M.D.</u>		23b. ADDRESS <u>SIKESTON, Mo.</u>	23c. DATE SIGNED <u>4/10/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-2-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	24d. LOCATION (City, town, or county) (State) <u>SIKESTON, Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-13-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. Cella Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Welsh Funeral Home Sikeston Mo.</u>	

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

1003  
1

This can give details

RECEIVED APR 13 1953

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 453-88

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Liferton 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.