

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **17722**

**FILED JUN 15 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 541

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Greene</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>0396</u>	
c. LENGTH OF STAY (in this place) <u>2 Weeks</u>		d. STREET ADDRESS (If rural, give location) <u>1416 Boonville Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>VIRGIE</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>REED</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>June 6, 1953</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widowed</u> <u>2</u>	<b>8. DATE OF BIRTH</b> <u>16 Feb. 1878</u>	<b>9. AGE</b> (In years last birthday) <u>75</u>	<b>IF UNDER 1 YEAR</b> Months	<b>IF UNDER 1 YEAR</b> Days	<b>IF UNDER 24 HRS.</b> Hours	<b>IF UNDER 24 HRS.</b> Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Carthage, Missouri</u> <u>0</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>James Wiley Reynolds</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Martha Hunt</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>George F. Reed</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>----</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>H. Ben McCoy, 1416 Boonville Avenue, Springfield, Missouri.</u>
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<b>18. CAUSE OF DEATH</b> 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>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 week</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral hemorrhage</u>		
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardis -</u> DUE TO (c) <u>Vascular Disease</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary thrombosis</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** Dec. 1, 1952, to June 6, 1953, that I last saw the deceased alive on June 6, 1953, and that death occurred at L.S.A. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Edward Marcus M.D.</u>	<b>23b. ADDRESS</b> <u>Springfield, Mo.</u>	<b>23c. DATE SIGNED</b> <u>6/7/53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>7 June 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>East Lawn Cemetery</u>	<b>24d. LOCATION (City, town, or county) (State)</b> <u>Springfield, Missouri.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>6-9-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Edith Williamson</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Frank C. Thieme, Springfield, Missouri</u>	<b>ADDRESS</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 18 1956

**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 \_\_\_\_\_

*Ralph H. Shivers*

Licensed Embalmer No. 3681

P. O. Address Springfield, Missc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.