

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24152

State File No. _____

LED AUG 7-1953

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 80

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| 1. PLACE OF DEATH a. COUNTY <u>Carroll</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u> <u>0171</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>420 W. Lincoln</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>420 W. Lincoln</u> | | | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>Wilbur</u> c. (Last) <u>REED</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 2 1953</u> | | |
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|--------------------|-------------------------------|---|--------------------------------------|---|--|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Black</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Oct. 3, 1881</u> | 9. AGE (In years last birthday) <u>71</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 1 HR. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Groceryman</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co. Mo. U.S.A.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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|--------------------------------------|--|-----------------------------------|
| 13a. FATHER'S NAME <u>Frank Reed</u> | 13b. MOTHER'S MAIDEN NAME <u>Harnett Smith</u> | 14. NAME OF HUSBAND OR WIFE _____ |
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| 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. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Fred Calmes</u> ADDRESS <u>Carrollton 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Infirmities</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>of old age.</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>794X</u> | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 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) _____ | 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 May 4, 1953, to Aug 2, 1953 that I last saw the deceased alive on Aug 1, 1953, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>W. Hamilton Stuten</u> | 23b. ADDRESS <u>Carrollton Mo.</u> | 23c. DATE SIGNED <u>Aug 3/53</u> |
|--|------------------------------------|----------------------------------|

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|---|-------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8-4-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u> |
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|--|--|------------|--|------------------------------|
| DATE REC'D BY LOCAL REG. <u>8/5/53</u> | REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u> | 45-0 _____ | FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u> | ADDRESS <u>Carrollton Mo</u> |
|--|--|------------|--|------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton Ga

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.