

5. No. 300  
v. 10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39994

State File No. ....

LED NOV 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>73</u>				
1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>PUTNAM</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>UNIONVILLE</u> )		c. LENGTH OF STAY (In this place) <u>LIFE</u>		c. CITY OR TOWN <u>UNIONVILLE</u>		d. Is Residence within limits of a city or incorporated town? Yes <u>X</u> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>				e. STREET ADDRESS (If rural, give location) <u>HOME</u>				<u>0866</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u>			b. (Middle) <u>ANN</u>			c. (Last) <u>REED</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 8, 1953</u>			5. SEX <u>F</u>			6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		
8. DATE OF BIRTH <u>Nov. 20, 1872</u>			9. AGE (In years last birthday) <u>80</u>		10. UNDER 1 YEAR Months <u>11</u> Days <u>28</u>		11. UNDER 4 HRS. Hours <u>-</u> Min. <u>-</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOMEWORK</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>		11. BIRTHPLACE (City and State; Foreign Country) <u>Putnam Co Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>WESLEY ALEXANDER</u>			13b. MOTHER'S MAIDEN NAME <u>DEMERY</u>			14. NAME OF HUSBAND OR WIFE <u>JOHN REED</u>				
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>John Reed</u>					ADDRESS <u>Unionville Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of esophagus</u> ANTECEDENT CAUSES <u>arteriosclerosis &amp; hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile debility</u> DUE TO (c) <u>Carcinoma of left breast</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>30 months</u> <u>7 years</u> <u>8 months</u>	
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) m.		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>Nov 8, 1948</u> , to <u>Nov 8, 1953</u> that I last saw the deceased alive on <u>Nov 8, 1953</u> and that death occurred at <u>7 p. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Charles L. Judd</u> (Degree or title)				23b. ADDRESS <u>Unionville Mo</u>			23c. DATE SIGNED <u>11-9-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>Nov 10</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WEST LIBERTY CEM</u>		24d. LOCATION (City, town, or county) (State) <u>PUTNAM CO MO</u>				
DATE REC'D BY LOCAL REG. <u>11-20-53</u>		REGISTRAR'S SIGNATURE <u>Marvell Deubens</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. D. Hunter</u>		ADDRESS <u>Unionville Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0860

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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.....  
Signature of Student Embalmer

Signed..... *F. O. Husted*

Licensed Embalmer No. *2970*

P. O. Address *Winnomill*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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