

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26860**BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **811-B**1. PLACE OF DEATH
a. COUNTY **Greene**2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Folk**b. CITY OR TOWN **Springfield** c. LENGTH OF STAY (In this place) **5 months** c. CITY OR TOWN **Bolivar** d. Is Residence within limits of a city or incorporated town? Yes No d. FULL NAME OF HOSPITAL OR INSTITUTION **Warrick Rest Home** e. STREET ADDRESS (If rural, give location) **East Broadway 0841**3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) **Arthur Clyde Reed** 4. DATE OF DEATH (Month) (Day) (Year) **Aug 24 1954**5. SEX **Male** 6. COLOR OR RACE **wh** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Sept 14 1884** 9. AGE (In years) (Months) (Days) (Hours) (Mins.) **73 11 10**10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **produce dealer** 10b. KIND OF BUSINESS OR INDUSTRY **Wholesale produce** 11. BIRTHPLACE (City and State or Foreign Country) **Folk Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**13a. FATHER'S NAME **John L. Reed** 13b. MOTHER'S MAIDEN NAME **Betty Ann Gunn** 14. NAME OF HUSBAND OR WIFE **Dixie W. Reed**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **no** 17. INFORMANT'S SIGNATURE OR NAME **Dixie W. Reed** ADDRESS **Bolivar Mo**18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pneumonia
Congestive Heart Failure** INTERVAL BETWEEN ONSET AND DEATH **2 wks**ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Arteriosclerotic Heart Disease
Urinary Tract infection** **10+ yrs**DUE TO (c) **Generalized Arteriosclerosis** **2 yrs +**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **old C.V.A.** **about 4 yrs ago**19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **f200** 20. AUTOPSY? YES NO

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) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____22. I hereby certify that I attended the deceased from **Aug 12, 1954** to **8/24, 1954**, that I last saw the deceased alive on **Aug 22, 1954** and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.23a. SIGNATURE (Name or title) **David H. Hall M.D.** 23b. ADDRESS **1951 South National** 23c. DATE SIGNED **9/1/54**24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Aug 27/54** 24c. NAME OF CEMETERY OR CREMATORY **Greenwood Cemetery** 24d. LOCATION (City, town, or county) (State) **Bolivar Mo**DATE REC'D BY LOCAL REG. **9-5-54** REGISTRAR'S SIGNATURE **Edna Williamson** 25. FUNERAL DIRECTOR'S SIGNATURE **Erwin + Blue** ADDRESS **Bolivar Mo**

(Licensed Embalmer's Statement on Reverse Side)

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

1931 OCT 1930

MS MAY 8 1931

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 *Chas Jester*
Licensed Embalmer No. *41*

P. O. Address *Polk*

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.