

FILED DEC 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36368

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>423</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>			c. LENGTH OF STAY (in this place) <u>life</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1101-W-Martha St.</u>				d. STREET ADDRESS (If rural, give location) <u>1101-W-Martha St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ALBERT</u>		b. (Middle) <u>WAYNE</u>		c. (Last) <u>REED</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 16, 1954</u>	
9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4, 1954</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Assembler</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Int. Shoe Co.</u>			11. BIRTHPLACE (State or foreign country) <u>Adair County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Henry Reed</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Ann Collins</u>			14. NAME OF HUSBAND OR WIFE <u>Opal (Hartford) Reed</u>	
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. <u>486-12-3308</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Opal Reed</u> ADDRESS <u>Kirksville, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure; ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Massive hemorrhage (Spontaneous rupture blood vessel(s) of neck.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Malignant metastasis</u> DUE TO (c) <u>Carcinoma of larynx</u> II. OTHER SIGNIFICANT CONDITIONS <u>Gen'l cachexia</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>Few min.</u> <u>Several mos.</u> <u>At least 2 yrs.</u> <u>Few mos.</u>
19a. DATE OF OPERATION <u>Mar 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of larynx</u>				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) <u>161x</u>			
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>intermittently 11/21, 1954</u> , to <u>Dec. 4, 1954</u> , that I last saw the deceased alive on <u>Dec 3, 1954</u> , and that death occurred at <u>9:45pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John R. Roderick D.O.</u>				23b. ADDRESS <u>104 1/2 N Franklin Kirksville, Mo</u>		23c. DATE SIGNED <u>12/5/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-6-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-6-54</u>		REGISTRAR'S SIGNATURE <u>Kato Lambert</u>		EMERALD DIRECTOR'S SIGNATURE <u>Robert B. Davis</u>		ADDRESS <u>Kirksville, Mo</u>	

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

VS DEC 9 1959

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.

Signed Robert B. Davis

Signed _____
Student Embalmer

Licensed Embalmer No. 4219

P. O. Address Kirksville, Missouri

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.