

No. 300  
10-48

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

FILED DEC 15 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36868

State File No. \_\_\_\_\_

5296  
4137

Registrar's No. 55

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>CLINTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>CLINTON</b>	
b. If outside corporate limits, write RURAL and give township: TOWN <b>TRIMBLE, MO. Hardu</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>TRIMBLE, MO. Rural 0250</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>1/2 Mile North of Trimble</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME-U.S. Hi-Way 169</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ELMER</b>	b. (Middle) <b>WATSON</b>	c. (Last) <b>REED</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 24, 1954</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN. 29, 1880</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>5</b>	IF UNDER 1 HR. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER-- STOCKMAN</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>TRIMBLE? MO. CLINTON CO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WATSON REED</b>	13b. MOTHER'S MAIDEN NAME <b>ANNA M. WORTH</b>	14. NAME OF HUSBAND OR WIFE <b>KATIE INGRAM REED</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. ELMER W. REED TRIMBLE;</b>	ADDRESS <b>MO.</b>
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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) <b>Cerebral thrombosis</b>		<b>3-4 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebro-vascular-accident</b> DUE TO (c) <b>Arterio-sclerosis, generalized</b>		<b>3-4 days</b> <b>10-15</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Malnutrition &amp; dehydration</b>			<b>2-3 weeks</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>332 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11-29, 1954**, to **12-4, 1954**, that I last saw the deceased alive on **12-3, 1954**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John P. Mabrey</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Plattsburg, Mo.</b>	23c. DATE SIGNED <b>12-5-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12-6-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>REED CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>TRIMBLE? CLINTON CO. MO.</b>
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DATE REC'D BY LOCAL REG <b>Dec 7-54</b>	REGISTRAR'S SIGNATURE <b>Elizabeth Asarce</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>MCCOMAS FUNERAL HOME,</b> ADDRESS <b>SMITHVILLE, MO.</b>
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Donald W. Hawks*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4528*

P. O. Address *Smithville, Mo.*

**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.