

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

FILED DEC 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38109**

BIRTH NO. _____ REG. DIST. NO. **234** PRIMARY REG. DIST. NO. **2816** Registrar's No. **96**

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Highland		c. CITY OR TOWN Otterville	
c. LENGTH OF STAY (In this place) 35 yrs		Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		• STREET ADDRESS (If rural, give location) 2 miles South of Otterville	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) P c. (Last) REED			4. DATE OF DEATH Month 12 Day 2 Year 1954		
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5. SEX M.		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unwed		8. DATE OF BIRTH Jan. 23, 1918		9. AGE (In years last birthday) 36		10. 1 YEAR - 10. 2 YEAR - 10. 3 YEAR -	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Wm Reed		13b. MOTHER'S MAIDEN NAME Not known		14. NAME OF HUSBAND OR WIFE Deceased	
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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) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Nolan P. Reed ADDRESS Otterville Mo.	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHIAL PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SENILITY		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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?	
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22. I hereby certify that I attended the deceased from **Dec 2**, 1954, to **Dec 2**, 1954, that I last saw the deceased alive on **Dec 2**, 1954, and that death occurred at **4 AM** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. W. Johnson M.D.		23b. ADDRESS Otterville Mo.		23c. DATE SIGNED Dec 5, 1954	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 4, 1954		24c. NAME OF CEMETERY OR CREMATORY T.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Otterville, Mo.	
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DATE REC'D BY LOCAL REG. Dec 19, 1954		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Otterville, Mo.	
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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..... *Robert L. Parnell*

Licensed Embalmer No... *406*

P. O. Address *Atterwell*

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.