

No. 300
10-48

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3678**

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

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BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Vernon Missouri				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. LENGTH OF STAY (in this place) 1 yr		c. CITY OR TOWN NEV Nevada		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Tate Nursing Home				STREET ADDRESS (If rural, give location) 420 W. Austin Street 10820			
3. NAME OF DECEASED (Type or Print) a. (First) Lydia b. (Middle) M. c. (Last) Reed			4. DATE OF DEATH (Month) (Day) (Year) Jan. 14 1955				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 8, 1880	
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 5 Days 6		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home keeper		10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXXXX		11. BIRTHPLACE (City and State or Foreign Country) Lincoln Center, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Lewis C. McKibben		13b. MOTHER'S MAIDEN NAME Jemima Conner		14. NAME OF HUSBAND OR WIFE William V. 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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Helen Howington, Nevada, Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident ANTECEDENT CAUSES Previous Cerebral Vascular Accident Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 days ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				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) (Min.)		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 1-10 1955 , to 1-14 1955 , that I last saw the deceased alive on 1-13 1955 , and that death occurred at 8:30 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) H. Morris M.D.				23b. ADDRESS Nevada, Mo.		23c. DATE SIGNED 1-19-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 17, '55		24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park		24d. LOCATION (City, town, or county) (State) Nevada, Missouri, Mo.	
DATE REC'D BY LOCAL REC'D 1-25-55		REGISTRAR'S SIGNATURE Anna E. Furr		25. FUNERAL DIRECTOR'S SIGNATURE Allen V. Hays		ADDRESS Nevada, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 *Allen H. Hoays*.....

Licensed Embalmer No. *1968*

P. O. Address *Nevada, N.*

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.