

FILED MAR 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5568**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **67**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give town) Hannibal		c. CITY OR TOWN Curreyville	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED a. (First) Pearl b. (Middle) _____ c. (Last) Reed			4. DATE OF DEATH (Month) (Day) (Year) 2-23-1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 2-13-1888		9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR Months 0 Days 10	
11. BIRTHPLACE (City and State or Foreign Country) Pike Co., Illinois		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME HARVEY A. Stickelmann	
14. MOTHER'S MAIDEN NAME Lucindy Brown		15. NAME OF HUSBAND OR WIFE Geo. Reed		16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
17. KIND OF BUSINESS OR INDUSTRY None		18. SOCIAL SECURITY NO. None		19. INFORMANT'S SIGNATURE OR NAME Charles Reed	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Charles Reed	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) CANCER OVARY WITH Peritoneal Metastases		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CANCER OVARY WITH Peritoneal Metastases		INTERVAL BETWEEN ONSET AND DEATH 6 months	

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES 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.	
19a. DATE OF OPERATION 10/19/54		19b. MAJOR FINDINGS OF OPERATION Cancer metastases		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) _____		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 _____, 19____, to **2/23/55** 19____, that I last saw the deceased alive on **2/23/55** and that death occurred at **10:20 p.m.** from the causes and on the date stated above.

23a. SIGNATURE Ernest Dennis MD (Degree or title)		23b. ADDRESS Wardala Mo		23c. DATE SIGNED 2/24/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-26-1955		24c. NAME OF CEMETERY OR CREMATORY OAK Ridge Cemetery	
24d. LOCATION (City, town, or county) (State) Lincoln County Mo		25. FUNERAL DIRECTOR'S SIGNATURE Dr. E.M. Lucke		ADDRESS By W.C. Fisher, Claytonville, Elsberry, Mo	

DATE REC'D BY LOCAL REG. **3-4-55** REGISTRAR'S SIGNATURE _____
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 8 1955
MARION CO. HEALTH DEPT.
DATE FILED MAR 8 1955

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 Feb. 24-1955 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clifton Mills
Licensed Embalmer No. 336

P. O. Address Elsherry,

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.