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FILED MAR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10687

State File No.

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Likeston</u>	c. LENGTH OF STAY (In this place) <u>49 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Likeston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bel Air Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>507 Kendall</u>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Schuyler</u>	b. (Middle) <u>E.</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)		8. DATE OF BIRTH	
<u>Married</u>		<u>Nov. 9, 1875</u>	
9. AGE (In years last birthday)		10. AGE (In years last birthday)	
<u>79</u>		<u>79</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
<u>Electrician</u>		<u>Self</u>	
11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY	
<u>Newton, Ill.</u>		<u>U.S.A.</u>	

13a. FATHER'S NAME <u>Thomas Jefferson Reed</u>	13b. MOTHER'S MAIDEN NAME <u>Katharine Foster</u>	14. NAME OF HUSBAND OR WIFE <u>Dora Reed Likeston, Mo</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>394-38-5965</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dora Reed Likeston Mo</u>	ADDRESS <u>Likeston Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	<u>General debility</u>		
ANTECEDENT CAUSES	DUE TO (b) <u>Marked mental deterioration</u>		
Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Generalized arteriosclerosis</u>		
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"/>
		<u>4500</u>

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>4500</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 1-9-53, 1953, to 3-3, 1955, that I last saw the deceased alive on 3-3, 1955, and that death occurred at 7:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. D. Urban</u>	(Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Likeston</u>	23c. DATE SIGNED <u>3-8-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Mar. 7, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Likeston, Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-9-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Matt Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Funeral Home Likeston, Mo</u>	ADDRESS <u>Likeston, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

Harry Jones

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

MAR 14 1955

MAR 14 1955

DATE RECEIVED _____

SCOTT CO. HEALTH DEPT.

CO. FILE No. 355-66

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
Student Embalmer

Signed Hunter Allright

Licensed Embalmer No. 4210

P. O. Address Sikeston

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.