

No. 300
50-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18145**

FILED JUN 28 1955

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5360 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY **Davies**
b. CITY OR TOWN **Rural, Harrison** (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) **38 yrs**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Died in own home** (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Davies**
c. CITY OR TOWN **Breckenridge, Mo.** (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS **Harrison Exp.** (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) **Esther** b. (Middle) **Elizabeth** c. (Last) **Reed**
4. DATE OF DEATH (Month) (Day) (Year)
June 19th, 1955

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Nov. 12th, 1889** 9. AGE (In years last birthday) **65** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (State or foreign country) **State of Kansas** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Charles A. Allen** 13b. MOTHER'S MAIDEN NAME **Matilde Peterson** 14. NAME OF HUSBAND OR WIFE **T.W. Reed**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **T.W. Reed** ADDRESS **Breckenridge, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Uremia**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Carcinoma of colon**
DUE TO (c) **with Generalized Metastasis**
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 NO **153 X**

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **April 29, 1955**, to **June 19, 1955**, that I last saw the deceased alive on **June 19, 1955**, and that death occurred at **9:20 P.M.** from the causes and on the date stated above.

23a. SIGNATURE **Sarah F. Dale** (Degree or title) **M.D.** 23b. ADDRESS **Chillicothe, Mo.** 23c. DATE SIGNED **6/22/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **6/22/55** 24c. NAME OF CEMETERY OR CREMATORY **Rosehill** 24d. LOCATION (City, town, or county) (State) **Breckenridge, Mo.**

DATE REC'D BY LOCAL REG. **24 June 1955** REGISTRAR'S SIGNATURE **Virginia M. Engelhardt** 25. FUNERAL DIRECTOR'S SIGNATURE **W.R. Fair** ADDRESS **Breckenridge, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

AUG. 22 1958

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

Donald F. Neal

Licensed Embalmer No. *2801*

P. O. Address *Prayner, 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.