

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

*T. Williams*  
State File No. **40239**

FILED DEC 19 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **1095-A**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 week</b>		e. STREET ADDRESS (If rural, give location) <b>811 College Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Handley Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CURTIS</b>	b. (Middle) <b>RAY</b>	c. (Last) <b>REED</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>December 2, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>31 July, 1892</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plumber</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Plumbing</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Greene County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John W. Reed</b>	13b. MOTHER'S MAIDEN NAME <b>Cora Reynolds</b>	14. NAME OF HUSBAND OR WIFE <b>Olive F. Reed</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Olive F. Reed, 811 College Street, Springfield, Missouri.</b>
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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) <b>Coronary Heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Nov 2, 1955** to **Dec 2, 1955**, that I last saw the deceased alive on **Dec 2, 1955** and that death occurred at **6:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Earl W. Russell M.D.</b>	23b. ADDRESS <b>Springfield Mo</b>	23c. DATE SIGNED <b>12-255</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5 DEC. 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Comfort Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Greene County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-12-55</b>	REGISTRAR'S SIGNATURE <b>Fritz Williams</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>T. Williams, Springfield, Missouri.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.40

MAR 16 1958

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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..... *Raymond H. Greene* .....

Licensed Embalmer No. 3681  
Springfield,  
P. O. Address Missouri....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.