

FILED DEC 21 1955

STANDARD CERTIFICATE OF DEATH

State File No. 44140

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY JEFFERSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON		
b. CITY (If outside corporate limits, write RURAL and give township) DE SOTO		c. LENGTH OF STAY (in this place) 8 YRS.	c. CITY OR TOWN DE SOTO		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 1010 SO. MAIN ST.			e. STREET ADDRESS (If rural, give location) 1010 SO. MAIN ST. 05020		
3. NAME OF DECEASED (Type or Print) HOWARD		a. (First) EGBERT	b. (Middle) REED	c. (Last)	4. DATE OF DEATH DEC. 13, 1955
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 3, 1906	9. AGE (in years last birthday) 49	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) MEAT CUTTER		10b. KIND OF BUSINESS OR INDUSTRY KROGER STORE	11. BIRTHPLACE (City and State or Foreign Country) JERSEY COUNTY, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ERNEST REED		13b. MOTHER'S MAIDEN NAME FANNIE THOMPSON		14. NAME OF HUSBAND OR WIFE GEORGIE MAY 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. 356-05-2262	17. INFORMANT'S SIGNATURE OR NAME Mrs. Howard Reed DeSoto, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid hemorrhage</u> 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. <u>Hypertension (180/100)</u> 330x unknown.				INTERVAL BETWEEN ONSET AND DEATH 2 hours
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	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) no	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 <u>Dec 12, 1955</u> , to <u>Dec 13, 1955</u> , that I last saw the deceased alive on <u>Dec 13, 1955</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Neil V. Jeffers</u>			23b. ADDRESS M.D. DeSoto, Mo.		23c. DATE SIGNED Dec 15, 55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/16/55	24c. NAME OF CEMETERY OR CREMATORY CITY.	24d. LOCATION (City, town, or county) (State) DE SOTO MO.		
DATE REC'D BY LOCAL REG. 12-19-55	REGISTRAR'S SIGNATURE <u>Marie Harris</u> 196		25. FUNERAL DIRECTOR'S SIGNATURE J. LEE MOTHERSHEAD		ADDRESS DE SOTO, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 20 1955

DEC 22 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Andrew H. Engle*.....

Licensed Embalmer No. *487*.....

P. O. Address *Mo So*.....

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.