

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41240**

FILED JAN 4 - 1956

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>5645</u>		Registrar's No. <u>114</u>			
1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u>					
b. CITY OR TOWN <u>Aurora Twp.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Aurora</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address and location) HOSPITAL OR INSTITUTION <u>1 MILE EAST</u>				e. STREET ADDRESS (If rural, give location) <u>1 MILE EAST</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u>		b. (Middle) <u>ALVENE</u>		c. (Last) <u>REED</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 25-1955</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 1-1887</u>			
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Onarga Ill.</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Onarga Ill.</u>		12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>LUTHER SWEENEY</u>		13b. MOTHER'S MAIDEN NAME <u>HESTER BARDWIN</u>			
13c. MOTHER'S MAIDEN NAME <u>HESTER BARDWIN</u>		13d. NAME OF HUSBAND OR WIFE <u>CLARENCE H REED</u>		14. NAME OF HUSBAND OR WIFE <u>CLARENCE H REED</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			
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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence H. Reed</u>		ADDRESS <u>Burma R-1</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND 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. <u>4201</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>12/24</u> , 19 <u>55</u> , to <u>12/25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12/25</u> , 19 <u>55</u> , and that death occurred at <u>1:55 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Milton D. Davis</u> (Degree or title) <u>D.O.A.</u>				23b. ADDRESS <u>Aurora Mo</u>		23c. DATE SIGNED <u>12/27/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/29/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARIE PARK</u>		24d. LOCATION (City, town, or county) (State) <u>BURMA MO</u>			
DATE REC'D BY LOCAL REG. <u>12-30-55</u>		REGISTRAR'S SIGNATURE <u>Orn McNett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Esben L. Starck</u>		ADDRESS <u>Aurora, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1938
JAN 4

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 *[Signature]* Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *[Signature]*.....

Licensed Embalmer No. 3812

P. O. Address *[Signature]*.....

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.