

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **3926**
REGISTRAR'S NO. **40**

FILED FEB 19 1957 Registration District No. **47** Primary Registration District No. **3002**

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| 1. PLACE OF DEATH a. COUNTY Callaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton | | c. CITY OR TOWN Fulton 0143 0 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 708 Jefferson | | d. STREET ADDRESS (If outside, give location) 708 Jefferson St. | |
| Length of stay in lb Life | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|---|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or print) First James Middle William Last Reed | | | 4. DATE OF DEATH Feb. 11, 1957 Month Day Year | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 26, 1886 | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate and Insurance Agency | | 10b. KIND OF BUSINESS OR INDUSTRY Insurance Agency | | 11. BIRTHPLACE (City and state or country) Callaway County Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | 13. FATHER'S NAME J. F. Reed | | |
| 14. MOTHER'S MAIDEN NAME Elizabeth Clark | | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown | | |
| 16. SOCIAL SECURITY NO. unknown | | | 17. INFORMANT Mrs. James Reed Address Fulton Mo. | | |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction | | INTERVAL BETWEEN ONSET AND DEATH 20 min |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary atherosclerosis | | |
| DUE TO (c) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201 | | |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |

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|---|-----------------------------------|------------------------------------|
| 21. I attended the deceased from Aug 1955 to Feb 1957 and last saw her alive on Feb 11, 1957 Death occurred at 6:00 am m on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE (Degree or title) James E. Hill MD | 22b. ADDRESS Fulton, Mo | 22c. DATE SIGNED 2-11-57 |

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|--|------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 2/13/57 | 23c. NAME OF CEMETERY OR CREMATORY Hillcrest | 23d. LOCATION (City, town, or county) (State) Fulton Mo. |
| 24. FUNERAL DIRECTOR Maupin | ADDRESS Fulton Mo. | 25. DATE RECD. BY LOCAL REG. Feb 16-1957 | 26. REGISTRAR'S SIGNATURE Maretha Lawrence |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms "with or without" diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *Henry A. Hewson*

Licensed Embalmer No. 370

P. O. Address *Fulton*

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