

FILED NOV 5 1957

STANDARD CERTIFICATE OF DEATH

353721

STATE FILE NUMBER

Registration District No. 113 Primary Registration District No. 4185 Registrar's No. 699

1. PLACE OF DEATH a. COUNTY Franklin			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Clair, (Central)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Clair, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROBERT Middle ALVIN Last REED			4. DATE OF DEATH October 31, 1957 Month Day Year		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 27, 1932	9. AGE (In years last birthday) 24	IF UNDER 1 YEAR Months 10 Days 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Trucking	10b. KIND OF BUSINESS OR INDUSTRY Hauling	11. BIRTHPLACE (City and state or country) St. Clair, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Charles Reed			14. MOTHER'S MAIDEN NAME Mildred Wing		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes; Korean War		16. SOCIAL SECURITY NO. 492-34-7650	17. INFORMANT Paul N. Duemler 10040 Meadowfield Lane, Alton, Ill., Missouri		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Contusion of chest - multiple rib fractures due to auto accident. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) rib fractures due to DUE TO (c) auto accident.					INTERVAL BETWEEN ONSET AND DEATH Instant
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Auto accident				
20c. TIME OF INJURY 1:30 p.m. 10/31/57					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, school, office bldg., etc.) James St. 50-66	20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Clair Franklin MO			
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ or on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Paul N. Duemler M.D.			22b. ADDRESS 10040 Meadowfield Lane, Alton, Ill., Missouri		22c. DATE SIGNED 11/1/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 3, 1957	23c. NAME OF CEMETERY OR CREMATORY Anacanda, Cem.		23d. LOCATION (City, town, or county) (State) Anacanda, Missouri	
24. FUNERAL DIRECTOR Sherrill Mitchell, St. Clair, Mo.		25. DATE RECD. BY LOCAL REG. 11-2-57		26. REGISTRAR'S SIGNATURE Floyd Williams	

(Licensed Embalmer's Statement on Reverse Side)

300 1-56

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

11-0

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APR 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.....
Signature of Student Embalmer

Signed..... *Sherrill W. Mitchell*

Licensed Embalmer No. *38*

P. O. Address *St. Clair*

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.