

Health, Welfare, Public Service

FILED FEB 5 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

798  
STATE FILE NUMBER

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SULLIVAN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>SULLIVAN</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>NORTHSIDE</b>		Length of stay in 1b <b>HRS.</b>	d. STREET ADDRESS (If outside, give location) <b>VAN DEREN HOME</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>JOSEPH</b> Middle <b>B.</b> Last <b>REED</b>			4. DATE OF DEATH Month <b>JAN</b> Day <b>22</b> Year <b>1958</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAY 3, 1878</b>		9. AGE (In years last birthday) <b>84</b> MONTHS <b>8</b> DAYS <b>19</b> IF UNDER 24 HRS. Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COAL MINER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>MINING</b>	11. BIRTHPLACE (City and state or country) <b>EODEN, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>GARETT M. REED</b>	13b. MOTHER'S MAIDEN NAME <b>NANCY LOCHARD</b>	14. NAME OF HUSBAND OR WIFE <b>LAURA MADDOX</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>CLETIS REED SULLIVAN, MO.</b>
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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) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 HRS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerotic Cordis Vasculor Lesione</b>	
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <b>4221</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.) <b>4221</b>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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 <b>August 1953</b> to <b>Jan 22 1958</b> and last saw him alive on _____ Death occurred at <b>11:23 P</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>Robert J. Humphrey, M.D.</b>	22b. ADDRESS <b>Sullivan, Missouri</b>	22c. DATE SIGNED <b>Jan 23 58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JAN 25, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CAUDONIA CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>SPARTA ILL.</b>
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24. FUNERAL DIRECTOR <b>H. W. Eaton</b>	ADDRESS <b>Sullivan, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1-23-58</b>	26. REGISTRAR'S SIGNATURE <b>Thomas G. Humphrey</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 ..... HARRISON W. EATON ....., Student Embalmer No. .... 555 ... working under my personal supervision.

Student

Harrison W. Eaton  
Signature of Student Embalmer

Signed

J. A. Dempsey

Licensed Embalmer No. 4772

P. O. Address

Lucas, Mo.

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.