No. 300
10-46

FILED FEB 11 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1852

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 15

1. PLACE OF DEATH.
a. COUNTY Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Aurora
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Aurora Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Arkansas b. COUNTY Boone
c. CITY OR TOWN Alpena
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) Gen. Del.

8058

3. NAME OF DECEASED (Type or Print) a. (First) Flora b. (Middle) F. c. (Last) Reed
4. DATE OF DEATH (Month) (Day) (Year) 1-31-58
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) Married
8. DATE OF BIRTH 1-4-1884
9. AGE (In years last birthday) 74 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) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (City and State or Foreign Country) Hiwassie, Ark.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Hiram Funk
13b. MOTHER'S MAIDEN NAME Martha Sturgeon
14. NAME OF HUSBAND OR WIFE Jack Reed
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 430-20-5492
17. INFORMANT'S SIGNATURE OR NAME Esther Presley ADDRESS Alpena, Ark.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 6 hours

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 Chest & back injuries
Conditions contributing to the death but not related to the disease or condition causing death. mday to cor accid. — 11 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

4201 F

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19, 1958, to Jan. 31, 1958, that I last saw the deceased alive on Jan. 31, 1958, and that death occurred at 4:25 A.m., from the causes and on the date stated above.

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS 200 S. Elliott Aurora
23c. DATE SIGNED Jan. 31/58

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1-31-58
24c. NAME OF CEMETERY OR CREMATORY Mt Pleasant Cemetery
24d. LOCATION (City, town, or county) (State) Alpena, Ark.

DATE REC'D BY LOCAL REG. 2-9-58
REGISTRAR'S SIGNATURE Ora McNatt
25. FUNERAL DIRECTOR'S SIGNATURE [signature] ADDRESS Hunsville

(Licensed Embalmer's Statement on Reverse Side)

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

157

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.. 10,6

P. O. Address

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