Health, Welfare Public Service

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FILED APR 3 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-010715
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Hannibal — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Clark Rest Home — Length of stay in 1b: 2 Years.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Hannibal b. COUNTY: Marion 6644
c. CITY OR TOWN: Hannibal — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2011 Hope St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First / Middle / Last: Rosa Reed

4. DATE OF DEATH (Month, Day, Year): March 15, 1958.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 11/3-1866
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months 4, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (City and state or country): Walnut Hill Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John W Baldridge
13b. MOTHER'S MAIDEN NAME: Nancy Moore
14. NAME OF HUSBAND OR WIFE: Frank Reed, (dece)

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.: None
17. INFORMANT: Charles Reed, Address: Hannibal, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Terminal Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chr. Myocarditis, arteriosclerotic in type — 2 yrs.
DUE TO (c): 4221
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? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): 2
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION / COUNTY / STATE

21. I attended the deceased from Apr. 1949, to 3/15/58 and last saw her/him alive on 10/25/58
Death occurred at 6:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) M.D. 0
22b. ADDRESS: 100 N. 6th, Hannibal, Mo.
22c. DATE SIGNED: 3/25/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/18/1958
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cem.
23d. LOCATION (City, town, or county) (State): Hunnewell, Mo.

24. FUNERAL DIRECTOR: Darrell Garner — ADDRESS: Monroe City
25. DATE RECD. BY LOCAL REG.: 3-26-58
26. REGISTRAR'S SIGNATURE: By Dr. E. M. Lucke, W. C. Fisher

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Part I. No symptoms will be stated.
All diseases in Part I must be causally related.

RECEIVED APR 3 1958
MARION CO. HEALTH DEPT.
DATE FILED APR 3 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 Harvey Garner

Licensed Embalmer No. 3720

P. O. Address Monroe City

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.