

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17011-58

58-014866
STATE FILE NUMBER

FILED MAY. 8 1958

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 57

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1-57
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1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon		c. CITY OR TOWN Mt. Vernon 0550	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 miles north East		d. STREET ADDRESS (If outside, give location) 10 miles North East	
3. NAME OF DECEASED (Type or print) First Clyde Middle Glen Last Reed		4. DATE OF DEATH Month April Day 26 Year 1958	
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 March 26, 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		11. BIRTHPLACE (City and state or country) Mt. Vernon, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Gilbert Reed		13b. MOTHER'S MAIDEN NAME Ruth Siegest	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT Gilbert Reed, Mt. Vernon, Mo. Rt. # 1
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Inhalation of Vomitus following Bronchopneumonia DUE TO (c) 491X			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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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
21. I attended the deceased from _____, to _____ and last saw him alive on April 4 1958 Death occurred at 2:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE David E. Reed (Degree or title)		22b. ADDRESS Mt Vernon Mo	22c. DATE SIGNED 4/28/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/28/58	23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery	23d. LOCATION (City, town, or county) (State) Aurora, Missouri.
24. FUNERAL DIRECTOR Marsh Funeral Services, Aurora, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 4-28-58	26. REGISTRAR'S SIGNATURE Cecil Handricks

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 , Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Ray B. Ireland

Licensed Embalmer No. 5052
P. O. Address Aurora, Missouri

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.