

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020769
STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 195

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY OR TOWN <u>Kuckerville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>CANTON</u> <u>05600</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R. O. H.</u> Length of stay in lb <u>13 days</u>		d. STREET ADDRESS <u>RURAL</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>-</u> Last <u>Reed</u>			4. DATE OF DEATH Month <u>June</u> Day <u>9</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 31, 1990 68</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>	11. BIRTHPLACE (City and state or country) <u>Clark County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Maurice M. Clellan</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Gerlach</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Johnson</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>3-18245-1958</u>	17. INFORMANT <u>Carl H. Buckley, Canton, Mo</u>
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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) <u>Medullary Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Progressive Cerebral Arteriosclerosis</u>	
	DUE TO (c) <u>Hypertension</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>334X</u>		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 <u>10:25</u> Month, Day, Year <u>June 7, 1958</u> a.m. <u>10:25</u> p.m.	

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, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Kirkville, Mo.</u> COUNTY <u>Lewis</u> STATE <u>Mo.</u>
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21. I attended the deceased from June 7, 1958 to June 9, 1958 and last saw ^{her} _{him} alive on June 9, 1958
Death occurred at 10:25 A. 10:25 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Calvin H. Van O' Linda, D.O.</u>	22b. ADDRESS <u>2 Kirkville, Mo.</u>	22c. DATE SIGNED <u>June 9, 1958</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 11, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Canton Lewis Co. Mo.</u>
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24. FUNERAL DIRECTOR <u>Carl H. Buckley, Canton, Mo.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>6-9-1958</u>	26. REGISTRAR'S SIGNATURE <u>Dorris W. Rutledge</u>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Earl H. Buckley*

Licensed Embalmer No. *7615*

P. O. Address *Centerville, 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.