

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028212

STATE FILE NUMBER

FILED SEP 15 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 403

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richland 0859		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Univ. Medical Center		Length of stay in 1b 2 days	d. STREET ADDRESS Box 603		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Evelyn Middle Sexauer Last Reed			4. DATE OF DEATH Month Sept. Day 10, Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-12-20	9. AGE (In years last birthday) 38 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse		10b. KIND OF BUSINESS OR INDUSTRY Nursing	11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Edgar Sexauer		13b. MOTHER'S MAIDEN NAME Lone Huskey		14. NAME OF HUSBAND OR WIFE Paul Reed	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. —	17. INFORMANT Address Hospital Chart Columbia Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pulmonary edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Crushing injury of chest DUE TO (c) — PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none					INTERVAL BETWEEN ONSET AND DEATH 48 hours 48 hours
20a. ACCIDENT <input checked="" 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.) Auto accident - patient driving			
20c. TIME OF INJURY 11:00 a.m. 9/7/58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		20f. CITY, TOWN, OR LOCATION St. Clair	
20g. COUNTY Mo.		20h. STATE Mo.			
21. I attended the deceased from 9/9/58 to 9/10/58 and last saw alive on 9/10/58 Death occurred at 12:00 NOON on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. H. Wadz, M.D.		(Degree or title) M.D.		22b. ADDRESS U. of Mo. Hosp.	
22c. DATE SIGNED 9/10/58					
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 9-10-1958		23c. NAME OF CEMETERY OR CREMATORY St. Clair, Missouri	
23d. LOCATION (City, town, or county), St. Clair, Missouri					
24. FUNERAL DIRECTOR Parkert Funeral Service Columbia, Mo.		ADDRESS Columbia, Mo.		25. DATE RECD. BY LOCAL REG. Sept 10 1958	
26. REGISTRAR'S SIGNATURE Thos R.E. Palmer					

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

SEP 25 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 *Georgia R. Kerby*

Licensed Embalmer No. *4752*
P. O. Address *Columbia, N.C.*

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.