

Health, & Welfare
S. Public
Health Service
120
S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45296-58
58-028381
STATE FILE NUMBER

FILED AUG 28 1958

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 515

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff,		c. CITY OR TOWN Poplar Bluff, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) Gen. Delivery	
3. NAME OF DECEASED (Type or print) Christopher Lenard Reed,		4. DATE OF DEATH Month 7 Day 28 Year 1958	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7/27/1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) Butler Co. Mo.	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Clifton Reed,		13b. MOTHER'S MAIDEN NAME Pauline Brown,	
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 Mrs. Lillie Brown,		Address Poplar Bluff, 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) Asphyxiation Cardiac Failure Conditions, if any, which gave rise to above cause* (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) Premature birth			INTERVAL BETWEEN ONSET AND DEATH 7625
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 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 7-27-58 to _____ and last saw him alive on 7-27-58 Death occurred at 11:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. F. Priest D.O.		22b. ADDRESS Poplar Bluff Mo.	
22c. DATE SIGNED 8-9-58			
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Burial		23b. DATE 7-29-1958	
23c. NAME OF CEMETERY OR CREMATORY Marocco		23d. LOCATION (City and county) (State) Butler Mo.	
24. FUNERAL DIRECTOR Poplar Funeral Home		25. DATE RECD. BY LOCAL REG. 8/23/58	
ADDRESS Poplar Bluff		26. REGISTRAR'S SIGNATURE R. M. Muehle	

(Licensed Embelmer's Statement on Reverse Side)

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

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RECEIVED

AUG 27 1958
BUTLER CO. HEALTH CENTER

FILE No. _____

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

Not Embalmed

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.