

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033400

STATE FILE NUMBER

FILED SEP 23 1958 Registration District No. 178 Primary Registration District No. 4281 Registrar's No. 57

S. 300
ev. 1-57
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1. PLACE OF DEATH a. COUNTY Lewis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lewis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 0560		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home		Length of stay in 1b 25 yrs.	d. STREET ADDRESS Canton, Rural		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Gerald Oliver Reed			4. DATE OF DEATH Month Day Year Sept. 18, 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Febr. 3, 1918		9. AGE (In years last birthday) 40
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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Gregory Landing, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Thomas C. Reed		13b. MOTHER'S MAIDEN NAME Mary Johnston		14. NAME OF HUSBAND OR WIFE Single	
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. None	17. INFORMANT Address Mrs. Mary Reed, Canton, 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) Coronary thrombosis					INTERVAL BETWEEN ONSET AND DEATH four seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____	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? 2 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 4201	COUNTY	STATE	
21. I attended the deceased from Jan 4, 1958 to May 26, 1958 and last saw her alive on May 26, 1958 Death occurred at 10:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>John H. Barkley</i> (Degree or title)			22b. ADDRESS Canton Mo		22c. DATE SIGNED 9-19-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-20-'58.	23c. NAME OF CEMETERY OR CREMATORY Forest Grove		23d. LOCATION (City, town, or county) (State) Canton, Lewis, County, Mo.	
24. FUNERAL DIRECTOR ADDRESS Earl H. Barkley, Canton, Mo.		25. DATE RECD. BY LOCAL REG. 9-19-'58	26. REGISTRAR'S SIGNATURE <i>P. W. Jennings, M.D.</i>		

(Licensed Embalmers' 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

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. Dudley*

Licensed Embalmer No. *7615*

P. O. Address *Centon, 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.