

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040648

STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 136

S. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Brookfield</u>		0582 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>915 Brookfield Ave.</u>			Length of stay in 1b <u>24 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>915 Brookfield Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Dwight</u> Middle <u>Charles</u> Last <u>Read</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>17</u> Year <u>1958</u>					
5. SEX <u>Male</u>	6. COLOR OF 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>July 15, 1877</u>		9. AGE (In years last birthday) <u>81</u>	F UNDER 1 YEAR Months <u>4</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Engineer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>C.B. &amp; P.R. Co.</u>		11. BIRTHPLACE (City and state or country) <u>Breckenridge, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Charles H. Read</u>			13b. MOTHER'S MAIDEN NAME <u>Josephine Edmonds</u>			14. NAME OF HUSBAND OR WIFE <u>Elythe Read</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>707-09-0475</u>		17. INFORMANT Address <u>Mrs. Elythe Read, Brookfield, Missouri</u>					
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>Acute Coronary Occlusion</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Atherosclerosis</u>							3 yrs.		
DUE TO (c) <u>Hypertensive Crisis - vascular disease</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>diabetic Mellitus</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>-</u>						
20c. TIME OF INJURY Hour <u>-</u> Month <u>-</u> Day <u>-</u> Year <u>-</u> a.m. <u>-</u> p.m. <u>-</u>									
20d. INJURY OCCURRED WHILE AT WORK <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.) <u>-</u>		20f. CITY, TOWN, OR LOCATION <u>Brookfield</u>		COUNTY <u>Missouri</u>		STATE <u>Missouri</u>	
21. I attended the deceased from <u>11-18-58</u> to <u>11-17-58</u> and last saw <sup>her</sup> / <sub>him</sub> alive on <u>11-17-58</u> . Death occurred at <u>1045 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>H. W. Johnson M.D.</u> (Degree or title)				22b. ADDRESS <u>Brookfield Mo</u>			22c. DATE SIGNED <u>11/19/58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 19, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Brookfield, Missouri</u>				
24. FUNERAL DIRECTOR <u>Hill Funeral Home, Brookfield, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>11-19-58</u>		26. REGISTRAR'S SIGNATURE <u>Katharine Johnson Dep</u>				

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NOV 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 *Gerald F. Wade*

Licensed Embalmer No. *4172*

P. O. Address *Brown*

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.