No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 9 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 59-000542

BIRTH NO. ___ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4212 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: CARTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-CARTER Twp
c. LENGTH OF STAY (in this place): 24 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CHitwood FARM-

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CARTER
c. CITY OR TOWN: VAN BUREN
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): VAN BUREN, MO

3. NAME OF DECEASED (Type or Print)
a. (First): OSCAR
b. (Middle):
c. (Last): REED

4. DATE OF DEATH (Month) (Day) (Year): JAN 1, 1959

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: MAR 8, 1899
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 9, Days 23 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: DANIEL REED
13b. MOTHER'S MAIDEN NAME: BELLE COREY
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 353-03-8064
17. INFORMANT'S SIGNATURE OR NAME: ASA REED — ADDRESS: VAN BUREN, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 10 MIN

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* D. O. *19* A., *to* ___, *19*___, *that I last saw the deceased alive on* ___, *19*___, *and that death occurred at* 5:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Coleman McSpadden (Degree or title): Coroner
23b. ADDRESS: Van Buren, Mo
23c. DATE SIGNED: 1-1-59

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-5-59
24c. NAME OF CEMETERY OR CREMATORY: JEFFERSON BARRACKS
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: Jan. 7-1959
REGISTRAR'S SIGNATURE: Mrs Octa Henson
25. FUNERAL DIRECTOR'S SIGNATURE: McSpadden — ADDRESS: VAN BUREN, MO

(Licensed Embalmer's Statement on Reverse Side)

CARTER COUNTY
HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Allen C. McSpadden

Licensed Embalmer No. 454

P. O. Address Van Bure

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.