

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008270

STATE FILE NUMBER

FILED MAR 30 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If instituting: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kirksville</u>	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>Grim-Smith Hospital</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>1504 S. Baltimore St.,</u>

3. NAME OF DECEASED (Type or print) First <u>Ola</u> Middle <u>Jonas</u> Last <u>Reed</u>	4. DATE OF DEATH Month <u>March</u> Day <u>25</u> Year <u>1959</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 21, 1879</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Kirksville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Sig Jonas</u>	13b. MOTHER'S MAIDEN NAME <u>Hennrietta Marks</u>	14. NAME OF HUSBAND OR WIFE <u>Wilmont Reed</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> or unknown) (If yes, give year or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT <u>Harry S. Jonas, Kirksville, Mo.</u>	Address
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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>Coronary artery thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic heart disease</u>	<u>5 yrs</u>
	DUE TO (c) <u>4200</u>	
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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> 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 <u>Kirksville, Mo.</u>	COUNTY	STATE
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21. I attended the deceased from <u>7.29.58</u> to <u>3.25.59</u> and last saw her ^{her} _{him} alive on <u>3.25.59</u> Death occurred at <u>12:35 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Milton T. Pughie M.D.</u>	22b. ADDRESS <u>Kirksville, Mo.</u>	22c. DATE SIGNED <u>3.26.59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/27/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Hills Cemetery</u>	23d. LOCATION (City, town, or county) <u>Kirksville, Mo.</u>	(State)
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24. FUNERAL DIRECTOR <u>Paul W. Riley</u>	ADDRESS <u>Kirksville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-27-1959</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Rathoff</u>
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health, Welfare public service
 300
 -57
 MEDICAL CERTIFICATION
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 M.D.
 F. P. G. S. S. S.
 MILTON T. PUGHIE

JUL 20 1959

VS OCT 20 1959

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 *George W. Davolt*

Licensed Embalmer No. *4799*

P. O. Address *Kirksville, 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.