

4. Health,
& Welfare
5. Public
Health Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022471
STATE FILE NUMBER

FILED JUN 23 1959 Registration District No. 291 Primary Registration District No. Registrar's No. 40

S. 300
v. 1-57

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

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville, Jackson Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Rural-Jackson Twp/ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Unionville, Mo.		d. STREET ADDRESS (If outside, give location) Unionville, Mo.	
3. NAME OF DECEASED (Type or print) Amanda Jane Reed		4. DATE OF DEATH June-16-59	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 3, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Putnam Co., Mo.
13a. FATHER'S NAME Asa Reed		13b. MOTHER'S MAIDEN NAME Nancy Watson	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Claude Reed Unionville, 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) congestive heart failure due to chronic mitral regurgitation & hypertension DUE TO (b) arteriosclerosis & hypertension DUE TO (c) senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility			INTERVAL BETWEEN ONSET AND DEATH 443 X
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		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from June 2-59 to June 16-59 and last saw her alive on June 16-59. Death occurred at on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Chas. L. Judd Do 1		22b. ADDRESS Unionville Mo	
22c. DATE SIGNED 6-17-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 6-18-59	23c. NAME OF CEMETERY OR CREMATORY Liberty Cem.
23d. LOCATION (City, town, or county) Putnam Co., Mo.		(State)	
24. FUNERAL DIRECTOR F.O. Husted & Son-Unionville, Mo.		25. DATE RECD. BY LOCAL REG. 6-17-59	26. REGISTRAR'S SIGNATURE Maxwell Durbin

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 *Murphy Husted*

Licensed Embalmer No. *2308*
P. O. Address *Lincoln, 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.