URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–035201
STATE FILE NUMBER

FILED VS NOV 2 1959

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 525

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia
Length of stay in 1b 1 mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Mo Medical Center
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY LaFayette
c. CITY OR TOWN Odessa
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 306 S 3rd St.
~~Residence on~~ Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: CLINTON Middle: DAVID Last: Reed
4. DATE OF DEATH Month 10 Day 29 Year 59
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-22-33
9. AGE (last birthday) 26
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM LABORER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Odessa Mo.
12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME James Reed
13b. MOTHER'S MAIDEN NAME Leonora Brown
14. NAME OF ~~HUSBAND OR WIFE~~
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. –
17. INFORMANT University of Mo. Medical Records Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Subacute Glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH: 4 mos.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept. 29, 1959, to Oct. 29, 1959 and last saw her/him alive on Oct. 29, 1959
Death occurred at 12 50 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title) Robt. E. Stuffelbeam MD.
22b. ADDRESS Univ. of Mo. Med. Center
22c. DATE SIGNED 10-29-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct 29, 1959
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) Odessa (State) Mo
24. FUNERAL DIRECTOR Jackson Funeral Home Columbia Mo
ADDRESS
25. DATE RECD. BY LOCAL REG. Oct 29 1959
26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Donald L Roberts

Signature of Student Embalmer

Licensed Embalmer No. 4722

P. O. Address Columbia MO

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