URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

'59 044452

STATE FILE NUMBER

FILED VS DEC 17 1959

Registration District No. 1954 Primary Registration District No. 5575 Registrar's No. 46

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp
Length of stay in 1b: 1 yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 14800 Bellaire
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Grandview
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 14800 Bellaire
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Artie Middle: Mae Last: Reed

4. DATE OF DEATH Month Day Year: 12-9-59

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 6-13-93

9. AGE (last birthday): 66

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Glasgow, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Albert Ballew

13b. MOTHER'S MAIDEN NAME: Mary McClain

14. NAME OF HUSBAND OR WIFE: Silas Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Everett Reed, Grandview, Mo.

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) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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 12-8-59, to 12-9-59 and last saw her/him alive on 12-8-59

Death occurred at 5:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Irving L. Clark (Degree or title) M.D.

22b. ADDRESS Hickman Mills, Missouri

22c. DATE SIGNED 12-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 12-10-59

23c. NAME OF CEMETERY OR CREMATORY: Salt Fork Cemetery

23d. LOCATION (City, town, or county) (State): Cooper County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Sweeney & Reser, Marshall, Missouri

25. DATE RECD. BY LOCAL REG.: 12-10-59

26. REGISTRAR'S SIGNATURE: Sterling E. Goddard

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 23 1969

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Sterling E. Goodard

Licensed Embalmer No. 4911

P. O. Address Beaulieu

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