

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029553

FILED VS SEP 13 1960

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 75

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY BARRY	b. CITY (If outside corporate limits, give TOWNSHIP only) CASSVILLE	a. STATE MISSOURI	b. COUNTY BARRY
Length of stay in lb D.O.A.		c. CITY OR TOWN FLAT CREEK 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 CASSVILLE OSTEOPATHIC		d. STREET ADDRESS (If outside, give location) 1 1/2 MI. N-W. of CASSVILLE	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First BURL	Middle MITCHELL	Last REED	Month AUGUST	Day 28	Year 1960	

5. SEX MALE	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/9/1891	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) CASSVILLE, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME SAM REED	13b. MOTHER'S MAIDEN NAME MARTHA BAYLESS	14. NAME OF HUSBAND OR WIFE VIRGINIA REED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 497-44-0993	17. INFORMANT Mrs Virginia Reed, Cassville, Mo.
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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:		INTERVAL BETWEEN ONSET AND DEATH 3 hours
IMMEDIATE CAUSE (a)	Poisoning	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Boat dog liquor	
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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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	COUNTY	STATE
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21. I attended the deceased from Aug. 15-1935 to Aug. 2-1960 and last saw him alive on Aug. 29-1960 Death occurred at 10:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edw. M. David, M.D.	22b. ADDRESS Cassville, Mo.	22c. DATE SIGNED 8-31-60
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23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Buried	23b. DATE 8-31-60	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) (State) Cassville, Mo.
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24. FUNERAL DIRECTOR Doyle E. Williamson, Cassville, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Sept 1-1960	26. REGISTRAR'S SIGNATURE Grace Williams
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Doyle E. Williamson

Licensed Embalmer No. 4883
P. O. Address Cassville, Mo

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