

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044445  
STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 129  
**FILED JAN 5 1962**

1. PLACE OF DEATH a. COUNTY <b>IRON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>IRON</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>IRONTON</b>			Length of stay in 1b <b>one day</b>		c. CITY OR TOWN <b>ROSELLE</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. MARYS OF THE OZARKS HOSP.</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>RURAL ROUTE 3</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>FRANK</b> Middle <b>OLIVER</b> Last <b>REED</b>			4. DATE OF DEATH Month <b>DEC.</b> Day <b>20</b> Year <b>1961</b>					
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>6-18-1888</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>12</b>	IF UNDER 24 HR. Hours <b></b> Min. <b></b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (City and state or country) <b>WEST PLAINS, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>OLIVER REED</b>			13b. MOTHER'S MAIDEN NAME <b>ELIZABETH WEISS</b>		14. NAME OF HUSBAND OR WIFE <b>LORETTA REED</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT Address <b>FRED LERCHE, R#3, Fredericktown, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
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 (e)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)						
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	
21. I attended the deceased from <b>7-12-56</b> to <b>12-20-61</b> and last saw <sup>her</sup> him alive on <b>12-20-61</b> Death occurred at <b>7:05p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22. SIGNATURE (Degree or title) <i>Marvin C. Menna M.D.</i>				22b. ADDRESS <b>Ironton, Missouri</b>		22c. DATE SIGNED <b>12-22-61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-23-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Old Masonic Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>IRONTON MISSOURI</b>			
24. FUNERAL DIRECTOR <b>SAM NAJIM, JR.</b>			ADDRESS <b>Fredericktown, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>12-23-61</b>		26. REGISTRAR'S SIGNATURE <i>May Ann Jones</i>	

DATE AMENDED

INSTEAD OF DOCUMENT

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

**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

*Charles F. Quiss Jr.*

Licensed Embalmer No. 5119

P. O. Address 218 E College  
Fredericktown

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.