# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023605

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 307

FILED JUL 5 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 7003
2 7003
3 2
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Raytown — Length of stay in lb 91 Yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 10007 E. 61 Terr. — 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 Raytown — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 10007 E. 61 Terr. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: IDA ORA DONOVAN REED

4. DATE OF DEATH Month Day Year: June 20, 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9/21/1870
9. AGE (last birthday): 91 — IF UNDER 1 YEAR Months 8 Days 29 — 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: XXXXXXXXXXXX
11. BIRTHPLACE (City and state or country): Raytown, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John West
13b. MOTHER'S MAIDEN NAME: Nancy N. Flathers
14. NAME OF HUSBAND OR WIFE: Luther Donovan, William Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XXXXXXXXXXXXX
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: Louis Donovan, 2723 Troost, K.C.Mo.

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 |
|---|---|---|
| IMMEDIATE CAUSE (a) | Cerebral hemorrhage | 1 day |
| DUE TO (b) | Diabetes Mellitus | 10 yrs |
| DUE TO (c) | Generalized arteriosclerosis | 10 yrs. |

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 Jan 1959, to 6-20-62 and last saw her/him alive on 6-19-62
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 (Degree or title): Elmer G. Stegman M. D.
22b. ADDRESS: Raytown, Mo
22c. DATE SIGNED: 6-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 22, 1962
23c. NAME OF CEMETERY OR CREMATORY: Brooking Cemetery
23d. LOCATION (City, town, or county) (State): Raytown, Mo.

24. FUNERAL DIRECTOR ADDRESS: E. Clark Fegert, Raytown, Missouri.
25. DATE RECD. BY LOCAL REG.: 6-22-62
26. REGISTRAR'S SIGNATURE: Alba L. Craig

(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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____ Signed E Clark Fegert

Signature of Student Embalmer

Licensed Embalmer No. 3983

P. O. Address Raytown, 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.