

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-047855

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 925

FILED DEC 19 1962

DO NOT WRITE ON THIS STUB	AMENDED	DATE AMENDED	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
VS 300 Rev. 4/59						
1 0781						
2 0781						
3 2						
4 0						
5 0						
6						
7 0						
8 0						
9 761.5						
10						
11						
12 1-0						
13 1-0						
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS						
USE BLACK INK OR TYPEWRITER RIBBON						
ITEM NO.	SHOULD READ					

1. PLACE OF DEATH a. COUNTY <u>PEMISCOT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PEMISCOT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HAYTI</u>		Length of stay in 1b <u>3</u>	c. CITY OR TOWN <u>HAYTI</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PEMISCOT CO. MEM. HOSP.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>EAST CHERRY ST</u>
3. NAME OF DECEASED (Type or print) First <u>BABY</u> Middle <u>BOY</u> Last <u>REED</u>		4. DATE OF DEATH Month <u>12</u> Day <u>8</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-8-42</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>20</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>6</u> IF UNDER 24 HR Hours <u>4</u> Min.
11. BIRTHPLACE (City and state or country) <u>HAYTI, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EVERETT A. REED</u>		13b. MOTHER'S MAIDEN NAME <u>WILMA SUE WALLACE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT <u>EVERETT A. REED</u>		Address <u>HAYTI, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Anoxia - atelectasis</u> <u>fractured ribs</u> <u>pulmonary separation of 14 lbs.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs.</u>
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"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input 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.)	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	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 <u>12-8-62</u> to <u>12-8-62</u> and last saw him alive on <u>12-8-62</u> Death occurred at <u>9:30</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u> </u> (Degree or title)		22b. ADDRESS <u>HAYTI, MISSOURI</u>	
22c. DATE SIGNED <u>12-8-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-8-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>EAST WOODLAWN CEME.</u>	23d. LOCATION (City, town, or county) (State) <u>HAYTI, MISSOURI</u>
24. FUNERAL DIRECTOR <u>JOHN W. GERMAN FUNERAL HOME</u>		ADDRESS <u>HAYTI, MO</u>	25. DATE RECD. BY LOCAL REG. <u>12-12-62</u>
		26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>	

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 Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. L. DePue

Licensed Embalmer No. 5206

P. O. Address Hayti, Md

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.