MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-014720
STATE FILE NUMBER

Registration District No. 6254 Primary Registration District No. 370 Registrar's No. 103

FILED APR 9 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 111C
2 110
3
4 1
5 2
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7 1
8 0
9 794X
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12 90-0
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: WAYNE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: COLDWATER — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☐ No ☐

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

3. NAME OF DECEASED (Type or print): First: LEONA Middle: Last: REED
4. DATE OF DEATH: Month: MARCH Day: 30 Year: 1963
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-25-1876
9. AGE (last birthday): 86
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): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and state or country): ILL.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JAMES P. SHEPERD
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: JAMES B. REED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT: LULA JUSTINE Address: COLDWATER, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Inflammation of age — INTERVAL BETWEEN ONSET AND DEATH: months
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 June 63 to Mar 29-63 and last saw her alive on Mar 29-63
Death occurred at 7:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): O. A. Myers M.D.
22b. ADDRESS: Coldwater, Mo.
22c. DATE SIGNED: 4/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 4-1-1963
23c. NAME OF CEMETERY OR CREMATORY: BENNETT
23d. LOCATION (City, town, or county) (State): LOD MO

24. FUNERAL DIRECTOR: GISH ADDRESS: GREENVILLE, MO.
25. DATE RECD. BY LOCAL REG.: April 5-1963
26. REGISTRAR'S SIGNATURE: Gretta M. Ward

(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 Me, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Marvin E. Bowles

Signature of Student Embalmer

Licensed Embalmer No. 4426

P. O. Address Piedmont, 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.