

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048688

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 192

FILED DEC 17 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Madison</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Madison</b>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Fredericktown</b>   |   | Length of stay in 1b<br><b>Years</b>  | c. CITY OR TOWN <b>Fredericktown</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Madison Memorial Hospital</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>511 East Marvin</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>     |
| 3. NAME OF DECEASED (Type or print)<br>First <b>John</b> Middle <b>Lyman</b> Last <b>Reed</b>   |   |   | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>11</b> Year <b>1963</b>   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>8-1-1886</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Farmer</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last birthday) <b>77</b><br>IF UNDER 1 YEAR<br>Months Days<br>IF UNDER 24 HR<br>Hours Min.   |
| 11a. FATHER'S NAME <b>Unknown</b>   |   | 11b. MOTHER'S MAIDEN NAME <b>Unknown</b>  | 11. BIRTHPLACE (City and state or country) <b>Peoria, Illinois</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <b>no</b> )   |   | 16. SOCIAL SECURITY NO.   | 12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>  |
| 17. INFORMANT <b>Mrs. Lillian Reed- Fredericktown, Mo.</b>  |   | 14. NAME OF HUSBAND OR WIFE <b>Lillian Reed</b><br>Address  |  |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b><br>Interval between ONSET AND DEATH <b>10 days</b><br>DUE TO (b) <b>Cerebral arteriosclerosis</b> <b>years</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (c) <b>Generalized arteriosclerosis</b> <b>years</b> |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Hypertensive cardiovascular disease</b>   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><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<br>Hour Month, Day, Year<br>a.m. p.m.   |   | 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>9-11-1957</b> to <b>12-11-1963</b> and last saw <sup>from</sup> him alive on <b>Dec. 10, 1963</b><br>Death occurred at <b>9:35</b> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Charles E. Michaelis, MD</b>   |   | 22b. ADDRESS <b>135 S. Mine La Motte Ave</b><br><b>Fredericktown, Missouri</b>  | 22c. DATE SIGNED<br><b>12-12-63</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>12-14-1963</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Pine Hill Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Bollinger County, Missouri</b>   |
| 24. FUNERAL DIRECTOR<br><b>J. T. Adkinson</b><br>ADDRESS <b>Fredericktown, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>12-14-1963</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Therence Hicker</b>  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

