

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

283-046943

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 4025 Registrar's No. 90

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 18 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MISSOURI COUNTY BARRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WHEATON		Length of stay in 1b 8 yrs.	c. CITY OR TOWN WHEATON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME IN WHEATON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) WHEATON
3. NAME OF DECEASED (Type or print) First Middle Last NELLIE LOUISE REED		4. DATE OF DEATH Month Day Year DECEMBER 11 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/16/1896
9. AGE (last birthday) 66		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) PURDY MISSOURI
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME CHARLES AUGUSTA NUTRUX	
13b. MOTHER'S MAIDEN NAME ALNA MARIE De COCQ		14. NAME OF HUSBAND OR WIFE WESLEY OMER REED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 493-22-8748	17. INFORMANT Address Mrs. Lamoine England Exeter, Mo. R
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Over dose of Carbitals Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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 checked="" 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 Coroner's Case and last saw her/him alive on _____ Death occurred at about 8:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dwight E. Williamson Coroner		22b. ADDRESS Cassette, Mo.	22c. DATE SIGNED 12/12/63
23a. BURIAL/CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/14/1963	23c. NAME OF CEMETERY OR CREMATORY Clark Cem.	23d. LOCATION (City, town, or county) Rural Purdy, Missouri
24. FUNERAL DIRECTOR W. Morris Pope	ADDRESS Wheaton, Mo.	25. DATE RECD. BY LOCAL REG. 12/13/1963	26. REGISTRAR'S SIGNATURE Grace Williams

DEC 31 1963

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 Wm Morris Pope

Licensed Embalmer No. 3442

P. O. Address Wheaton, 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.

Bessie Permit obtained 12-13-63
B.W.