

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1123**

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains, Mo.</u>	c. LENGTH OF STAY (in this place) <u>49 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hogan Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>West Main</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Pherson</u>	c. (Last) <u>Reed</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-12-1949</u>
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>Wht.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Jan 21-1861</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>21</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wholesale grocer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Chattanooga Tenn</u>	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME <u>Hall Reed</u>	13b. MOTHER'S MAIDEN NAME <u>Ermineline Wood</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <u>488-16-4746</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lo Van Vermer</u>	ADDRESS <u>West Plains, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u> <u>20 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>231X</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>2</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 1-12, 1949, to 1-12, 1949, that I last saw the deceased alive on 1-12, 1949, and that death occurred at 7:25P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Callihan M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>West Plains, Mo.</u>	23c. DATE SIGNED <u>1-21-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>1-16-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-21-49</u>	REGISTRAR'S SIGNATURE <u>Beatrice COOK</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rebutain</u>	ADDRESS <u>West Plains, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-2-49
District Health Officer No. 5,
District File Number 24995
2050 Filed 2-2-49

JUL 27 1951

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
Student Embalmer

Signed

A. D. Robertson

Licensed Embalmer No.

3432

P. O. Address

West Plains, 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 this body is not embalmed, fact should be so stated above.