

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13444

93

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>93</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>			
b. CITY OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>		c. CITY OR TOWN <u>Madison</u>		9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Councils Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>_____</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Enoch</u> c. (Last) <u>Reed</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 26 1949</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>1/7/1878</u>	
9. AGE (In years last birthday) <u>81</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Madisonville, KY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wm. Miller Reed</u>		13b. MOTHER'S MAIDEN NAME <u>Elegia L. Lintner</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Mae Turbett</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elegia Mae Bloodworth, K.C.</u> ADDRESS <u>3717 Ballman</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolic of descending aorta</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Endocarditis</u> <u>12 days</u> DUE TO (c) <u>Influenza</u> <u>15 days</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/8/49</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from <u>March 28, 1949</u> , to <u>March 26, 1949</u> , that I last saw the deceased alive on <u>March 25, 1949</u> , and that death occurred at <u>_____</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J.M. Turner</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Madison, MO</u>		23c. DATE SIGNED <u>4/27/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4/28/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smith Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Madison, MO</u>	
DATE REC'D BY LOCAL REG. <u>4-28-49</u>		REGISTRAR'S SIGNATURE <u>Earl Brennan, Towler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred A. Thompson</u>		ADDRESS <u>Madison, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No

District File Number 5-49-8

Date Filed MAY 1 0 1948

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 Mrs. Fred A. Thompson

Licensed Embalmer No. 3282

P. O. Address Embalmer, Ind

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.