

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27114

State File No. ....

FILED AUG 23 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 252

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Independence</u> )		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>	
c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>722 North Main St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>722 North Main</u>			

3. NAME OF DECEASED a. (First) <u>Sara Edith</u> b. (Middle) <u>Reeder</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>August 7 1949</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 15 1864</u>		9. AGE (In years last birthday) <u>85</u> if UNDER 1 YEAR Months Days 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>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
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13a. FATHER'S NAME <u>J. F. Bowler</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hilfork</u>		14. NAME OF HUSBAND OR WIFE <u>J. M. Reeder (Deceased)</u>	
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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>No.</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Harriet Yankee Indop. Missouri</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>General Arteriosclerosis</u>		—	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) —		—	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>I</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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.) <u>Independence Jackson Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 10 1949 to Aug 7, 1949, that I last saw the deceased alive on Aug 7, 1949, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. E. Nickson M.D.</u>		23b. ADDRESS <u>Independence Mo</u>		23c. DATE SIGNED <u>Aug. 7, 1949</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 9, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit</u>		24d. LOCATION (City, town, or county) (State) <u>Lee's Summit, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Aug. 9-1949</u>		REGISTRAR'S SIGNATURE <u>Alma Staley</u>		FEDERAL DIRECTOR'S SIGNATURE <u>W.B. Longford</u>		ADDRESS <u>Lee's Summit Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 22 RECD

**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.

Signed.....

*N. B. Langford*

Signed.....

Student Embalmer

Licensed Embalmer No. ....

3833

P. O. Address.....

*Geis Summit*

**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.