

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34694

State File No. ....

FILED NOV 4 1949

REG. DIST. NO. 279

PRIMARY REG. DIST. NO. 5957

Registrar's No. 2-2

87

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

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eolia</u>		c. LENGTH OF STAY (in this place) <u>—</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Junction us 6<sup>th</sup> at Eolia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Prairieville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dorothy</u> b. (Middle) <u>Ada</u> c. (Last) <u>Reedy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 20, 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Nov 7, 1883</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	9b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <u>65 11 13</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James H. Patrick</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Stollhorse</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (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>Georgina Ludwig</u> ADDRESS <u>Eolia, Mo</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>Head and chest injuries</u> ANTECEDENT CAUSES DUE TO (b) <u>—</u> DUE TO (c) <u>automobile accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>	
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>—</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Army bldg</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Eolia Pike Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 20 - 4:49 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>automobile accident - m.v.</u>	
22. I hereby certify that I attended the deceased from <u>—</u> , 19 <u>—</u> , to <u>—</u> , 19 <u>—</u> , that I last saw the deceased <u>living on Oct 21, 1949</u> , and that death occurred at <u>6P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. C. Mudd Coronar</u>		23b. ADDRESS <u>Praying Green, Mo</u>	23c. DATE SIGNED <u>Oct 21 - 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 22, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eolia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Eolia Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct 21 - 1949</u>	REGISTRAR'S SIGNATURE <u>A. E. Goock Dept 10</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McCua Funeral Service</u>	ADDRESS <u>Eolia, Mo</u>

RECEIVED

NOV 2 1949

District Health Officer No. 10

District File Number 11-49-1867

Date Filed NOV 2 1949

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 Norman E. Goveh

Licensed Embalmer No. 2342

P. O. Address Edinboro Pa.

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.