

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36079**

FILED OCT 18 1949

No. 300
10. 88

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

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 167	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence (before admission)) a. STATE Mo. b. COUNTY Vernon			
b. CITY OR TOWN Nevada		c. LENGTH OF STAY (In this place) 40 yrs		c. CITY OR TOWN Nevada		2	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Nevada City Hosp				d. STREET ADDRESS (If rural, give location) 209. W. Allison St. 0			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Edward c. (Last) Reed			4. DATE OF DEATH (Month) (Day) (Year) Oct-10-1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 24, 1880	9. AGE (In years last birthday) 69	10. UNDER 1 YEAR Months 5 Days 16	11. UNDER 24 HRS. Hours 16 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retiree		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Roller Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME William Henry Reed		13b. MOTHER'S MAIDEN NAME Josephine Collier		14. NAME OF HUSBAND OR WIFE Eva A. Wise Reed			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 11		17. INFORMANT'S SIGNATURE OR NAME Eva A. Wise Reed ADDRESS Nevada			
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) Myocardial failure INTERVAL BETWEEN ONSET AND DEATH 12 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Prostate DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 177X					
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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 Oct 5, 1949 , to Oct 10, 1949 , that I last saw the deceased alive on Oct 9, 1949 , and that death occurred at 6 42 m., from the causes and on the date stated above.							
23a. SIGNATURE Royal Peanif (Degree or title) MD				23b. ADDRESS Nevada Mo		23c. DATE SIGNED 11 Oct 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 10-12-49		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem. Independence		24d. LOCATION (City, town, or county) (State) MO.	
DATE REC'D BY LOCAL REG Oct 12, 1949		REGISTRAR'S SIGNATURE Kathryn H. Yancy		331		25. FUNERAL DIRECTOR'S SIGNATURE W. H. ... ADDRESS Nevada Mo	

RECEIVED

District Health Officer No. 71

District File Number 9-49-1229

Date Filed 10-17-49

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 Mark E. Eicher

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.