

36243

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 12 1949

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>5042</u>		Registrar's No. <u>92</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived... If institution: residence before admission)			
a. COUNTY <u>Barry</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Barry</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		d. STREET ADDRESS (If rural, give location) <u>Exeter Mo. R-Route.</u>		e. LENGTH OF STAY (In this place) <u>5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>Exeter Mo. R-Route.</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Wesley</u>	b. (Middle) <u>Ommor</u>	c. (Last) <u>Reed</u>	Month <u>Nov.</u>	Day <u>22</u>	Year <u>1949</u>	Male	6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1/9/1898</u>		9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Reed</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Haynes</u>
13c. NAME OF HUSBAND OR WIFE <u>Nellie Louisa Reed</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sibyl Mae England</u>	
17. ADDRESS <u>Exeter Mo.</u>		18. CAUSE OF DEATH				MEDICAL CERTIFICATION	
18. Enter only one cause per line for (a), (b), and (c) <u>Shot in abdominal region</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot in abdominal region</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 9/10</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) <u></u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u></u>				II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION <u>11 22 1949 11/2</u>				19b. MAJOR FINDINGS OF OPERATION <u></u>	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Barry Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 22 1949 11/2</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Crossing a fence with gun</u>			
22. I hereby certify that I attended the deceased from <u>Nov 22, 1949</u> , to <u>Nov 22, 1949</u> , that I last saw the deceased alive on <u>Nov 22, 1949</u> , and that death occurred at <u></u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Saul D. Hearbest</u>				23b. ADDRESS <u>Barryville, Mo.</u>		23c. DATE SIGNED <u>11-22-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-25-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clark's Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Barry Mo. R.H.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Morris R. Wheaton</u>
DATE REC'D BY LOCAL REG. <u>Nov 30 - 1949</u>	REGISTRAR'S SIGNATURE <u>Grace Williams</u>		10	25. ADDRESS <u>Wheaton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 7 1949
District Health Office No. 6,
District File Number 1249-1319
Date Filed 12-7-49

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 _____

James Kenneth Duncan, Student Embalmer No. 308
working under my personal supervision.

Student James Kenneth Duncan
Student Embalmer

Signed Wm Morris Pope

Licensed Embalmer No. 3442

P. O. Address Wheaton 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.