

FILED MAR 2 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

5361

State File No.

0590
 1

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

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>97</u>		
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>				
b. CITY OR TOWN <u>Rural-Chillicothe Twp</u>		c. LENGTH OF STAY (in this place) <u>60 yrs</u>		c. CITY OR TOWN <u>Rural-Chillicothe Twp</u>		<u>18570</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>—</u>				d. STREET ADDRESS (If rural, give location) <u>RFD #1, Chillicothe Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Freeman</u> c. (Last) <u>Reed</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19, 1950</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Nov. 11, 1867</u>		
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u>		IF UNDER 6 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>—</u>		11. BIRTHPLACE (State or foreign country) <u>Kittanning Pa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George S. Reed</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda Sommerville</u>			14. NAME OF HUSBAND OR WIFE <u>—</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 ADDRESS <u>Miss Hannah Reed - Chillicothe 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>Myocardial Congestive Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 yr -</u> <u>7824</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						
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>9 May</u> 19 <u>47</u> , to <u>19 Feb</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>14 Feb</u> , 19 <u>50</u> , and that death occurred at <u>1 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>J. D. Vandiver</u> (Degree or title) <u>no</u>				23b. ADDRESS <u>Chillicothe Mo</u>		23c. DATE SIGNED <u>20 Feb 1950</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-22-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb-20-50</u>		REGISTRAR'S SIGNATURE <u>Francis B Neil</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Donald Gordon - Chillicothe Mo</u>				



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 *Ronald F. Jordan*.....

Licensed Embalmer No. *4191*.....

P. O. Address *Chillicothe, 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.