

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **12423**No. 300  
10.48

4-6-50

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **5336** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY <b>Dade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Dade</b> <b>1290</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Washington Twp</b>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Greenfield</b> <b>MO</b> <b>0</b>	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Henry</b>			b. (Middle) <b>Edwards</b>		
c. (Last) <b>Read</b>			<b>April 3 1950</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 9, 1909</b>	9. AGE (In years last birthday) <b>40</b>	10. IF UNDER 1 YEAR Months <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>plumber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City</b>	11. BIRTHPLACE (State or foreign country) <b>Greenfield Mo</b> <b>0</b>		12. CITIZEN OF WHAT COUNTRY? <b>usa</b>

13a. FATHER'S NAME <b>SAMUEL H READ</b>		13b. MOTHER'S MAIDEN NAME <b>Alice M Read</b>		14. NAME OF HUSBAND OR WIFE <b>Alpha Read</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Alpha Read</b>	
				ADDRESS <b>Greenfield Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Car accident</b>		II. OTHER SIGNIFICANT CONDITIONS			32	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			32	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			32	
		DUE TO (b) <b>Over car wreck</b>				
		DUE TO (c)				
		Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>On Highway 39 Dade MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4-3-50 7:00</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>over turned truck ROR</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James A. Wren Coroner 3</b>			23b. ADDRESS <b>Lackwood Mo</b>		23c. DATE SIGNED <b>4-3-50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-6-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Daughtrey</b>		24d. LOCATION (City, town, or county) (State) <b>Dade Co</b>	
DATE REC'D BY LOCAL REG. <b>4-6-50</b>		REGISTRAR'S SIGNATURE <b>Geo L. Wiley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W.R. Allison</b>		ADDRESS <b>Greenfield Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 10 1950  
District Health Office No. 6,  
District File Number 450-426  
Date Filed 4-10-50

**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 W. R. Allison .....

Licensed Embalmer No. 4404 .....

P. O. Address Summit, 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.