

THE DIVISION OF HEALTH OF MISSOURI

FILED JUL 15 1950 STANDARD CERTIFICATE OF DEATH

State File No. 19672

S. No. 300  
v. 10.48

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 37

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cedar</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>  |  |
| b. CITY OR TOWN <u>El Dorado Springs</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Benton Twp.</u>   |  |
| c. LENGTH OF STAY (in this place)  |  | d. STREET ADDRESS (If rural, give location) <u>Montevalla mo. Rt 1</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nichols nursing home</u>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>Emma</u>   |  | a. (First) <u>Emma</u>  | b. (Middle) <u>Regina</u>  |
|  |  | c. (Last) <u>Reedman</u>  |  |
| 4. DATE OF DEATH <u>7-3-50</u>   |  | (Month) (Day) (Year)  |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  | 8. DATE OF BIRTH <u>Feb 9 1869</u>                                       |
| 9. AGE (In years (last birthday)) <u>81</u>  | IF UNDER 1 YEAR Months   | IF UNDER 1 YEAR Days  | IF UNDER 1 YEAR Hours Min.   |
| 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  | 11. BIRTHPLACE (State or foreign country) <u>Indiana</u>  | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>                                |
| 13a. FATHER'S NAME <u>Mc Neely</u>   | 13b. MOTHER'S MAIDEN NAME <u>Caroline Catt</u>   | 14. NAME OF HUSBAND OR WIFE   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)  | 16. SOCIAL SECURITY NO.  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C.E. Cook, R. 1, Montevalla, Mo.</u>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic congestion</u><br>ANTECEDENT CAUSES <u>Cerebral hemorrhage</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>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 checked="" type="checkbox"/>   |  |   |  |
| 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) (Min.)   | 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>7-2</u> , 19 <u>50</u> , to <u>7-3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-3</u> , 19 <u>50</u> , and that death occurred at <u>9:10 p</u> m., from the causes and on the date stated above. |  |   |  |
| 23a. SIGNATURE <u>C. H. Sunderwirth, M.D.</u>  | 23b. ADDRESS <u>El Dorado Spgs. Mo.</u>  | 23c. DATE SIGNED <u>7-5-50</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 24b. DATE <u>7-6-50</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Clintonsville</u>   | 24d. LOCATION (City, town, or county) (State) <u>El Dorado Spgs. Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>July 5, 1950</u>   | REGISTRAR'S SIGNATURE <u>George W. Taylor</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Quinn Leather El Dorado Spgs</u>  |  |

RECEIVED 7-14-57  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 7-14-57

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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 *Floyd C. Cantless*

Licensed Embalmer No. *4419*

P. O. Address *Brook Springs*

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.