

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23363**

FILED JUL 18 1950

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5465** Registrar's No. **613**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MO. b. COUNTY Greene 039	
b. CITY OR TOWN Rural - N. Campbell Twp.		c. CITY OR TOWN Rural - N. Campbell Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Mo. B-S		d. STREET ADDRESS Springfield Mo. Rural Route #5	

3. NAME OF DECEASED (Type or Print) a. (First) Clara	b. (Middle) SAMETHA	c. (Last) Reed	4. DATE OF DEATH (Month) (Day) (Year) 7-6-1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June-13-1861	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 23	IF UNDER 2 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Camden Co	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Silas Moulder	13b. MOTHER'S MAIDEN NAME Easter Jane Evans	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mr. Lillian Stethem	ADDRESS Buffalo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver		INTERVAL BETWEEN ONSET AND DEATH 6 mo
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **June 5, 1950**, to **July 6, 1950**, that I last saw the deceased alive on **June 20, 1950**, and that death occurred at **11:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Max Fotel	(Degree or title) M.D.	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 7-11-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-8-1950	24c. NAME OF CEMETERY OR CREMATORY Wesley Hill Cem.	24d. LOCATION (City, town, or county) (State) Waller Co. Mo.
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DATE REC'D BY LOCAL REG. 7-12-50	REGISTRAR'S SIGNATURE W. H. Handley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Mantgomery - Vaughan - Buffalo Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Clyde Montgomery* _____

Licensed Embalmer No. *3592* _____

P. O. Address *Buffalo, N.Y.* _____

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.