

FILED SEP 14 1950

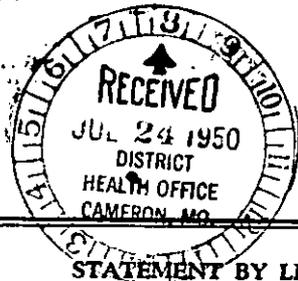
THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 27494

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 5693		Registrar's No. 134		
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bluefield 66 yrs.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dawn 0590				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) 0				
3. NAME OF DECEASED (Type or Print) Louella Owens Reed			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH 7-18-1950			(Month) (Day) (Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2-1-1861		
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Utica, Missouri 0		12. CITIZEN OF WHAT COUNTRY? US		
13a. FATHER'S NAME Samuel Owens			13b. MOTHER'S MAIDEN NAME Nancy Street			14. NAME OF HUSBAND OR WIFE Thomas H. Reed		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Frank Reed; Dawn, Missouri				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Has had attack of cerebral hemorrhage Jan 28, 1950					INTERVAL BETWEEN ONSET AND DEATH 3 days 10 yrs. 331X	
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) _____		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 Mar 5, 1950 to July 18, 1950, that I last saw the deceased alive on July 14, 1950 and that death occurred at 6:15 a. m., from the causes and on the date stated above.								
23a. SIGNATURE _____ (Degree or title) M.D.				23b. ADDRESS _____		23c. DATE SIGNED July 18, 1950		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE 7-20-50		24c. NAME OF CEMETERY OR CREMATORY Collar		24d. LOCATION (City, town, or county) Dawn, Missouri (State) _____		
DATE REC'D BY LOCAL REG. July-20-50		REGISTRAR'S SIGNATURE Frances B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home		ADDRESS Chillicothe, MO		

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

0590
1



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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Elton F. Norman

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.