

FILED SEP 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30256

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5564 Registrar's No. 7

3470

1. PLACE OF DEATH
a. COUNTY Iron

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Iron

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Union c. LENGTH OF STAY (In this place) 15 yrs.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Union 0470

d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi. west of Vulcan d. STREET ADDRESS (If rural, give location) 2 mi. west of Vulcan 0

3. NAME OF DECEASED a. (First) John b. (Middle) Thompson c. (Last) Reed

4. DATE OF DEATH (Month) (Day) (Year) July 8 1950

5. SEX male 0 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed 2 8. DATE OF BIRTH Jan. 23 1864 9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months 5 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer (retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Madison Co. Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James M. Reed 13b. MOTHER'S MAIDEN NAME Julia Reeves 14. NAME OF HUSBAND OR WIFE Tempa Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. no 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Reed, Bonne Terre Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Coronary of heart*

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. 156A

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 1, 1952*, to *July 8, 1952*, that I last saw the deceased alive on *July 7, 1952*, and that death occurred at *1.25P* m., from the causes and on the date stated above.

23a. SIGNATURE *Charles Reed* (Degree or title) 23b. ADDRESS *Piedmont Mo.* 23c. DATE SIGNED *8-8-50*

24a. BURIAL, CREMATION, REMOVAL (Specify) *burial* 24b. DATE *July 10 1950* 24c. NAME OF CEMETERY OR CREMATORY *Whitener Cemetery* 24d. LOCATION (City, town, or county) (State) *Marquand Missouri*

DATE REC'D BY LOCAL REG. *Sept. 12, 1950* REGISTRAR'S SIGNATURE *Mrs. Avis Jones* 128 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *White Funeral Home, Ironton Mo.* *Lucy White*

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

RECEIVED

SEP 15 1950

REGISTRATION OFFICE NO. 10

No. 10.....

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 *Amel J. White*

Licensed Embalmer No. *3012*

P. O. Address *Greenville S.C.*

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.