

FILED OCT 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35837

State File No.

BIRTH NO. REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6078 Registrar's No. 72

0950

PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY OR TOWN <u>RURAL JACKSON TWP</u>		c. CITY OR TOWN <u>RURAL JACKSON TWP</u>	
c. LENGTH OF STAY (in this place) <u>62 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>BRICKEY'S MO STAR ROUTE 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>	b. (Middle) <u>ROSE ETTA</u>	c. (Last) <u>REED</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 4 1950</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>SEPT 18 1880</u>	9. AGE (In years last birthday) <u>70</u>	10. MONTHS <u>1</u>	11. DAYS <u>70</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>CASSVILLE WISCONSIN</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>HYROMUNS ROBINSON</u>	13b. MOTHER'S MAIDEN NAME <u>ELIGE POTTER</u>	14. NAME OF HUSBAND OR WIFE <u>ALBERT REED</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Russel Reed Brickey, Jr</u>	ADDRESS <u>Brickey's Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC Myo Carditis</u>		
	II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>4 yr 2 2</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
		DUE TO (c) _____	

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)	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 OCT. 4, 1950, that I last saw the deceased alive on OCT. 4, 1950, and that death occurred at 11:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur E. ... M.D.</u>	(Degree or title)	23b. ADDRESS <u>St. Genevieve Mo</u>	23c. DATE SIGNED <u>OCT. 6/1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10/7/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CONCORD Cem</u>	24d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE CO MO</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 9-50</u>	REGISTRAR'S SIGNATURE <u>Carroll M. ...</u>	35	25. FUNERAL DIRECTOR'S SIGNATURE <u>Karl Depo ...</u>	ADDRESS <u>St. Genevieve Mo</u>
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File No.
DISTRICT HEALTH OFFICE No. 4

OCT 11 1950

RECEIVED

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 *Leo C. Barber*

Licensed Embalmer No. *1985*

P. O. Address *St. Genevieve Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.