

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39635**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **105**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Washington Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Liberal</b>	
c. LENGTH OF STAY (in this place) <b>6M-9D</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital #3</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Irene</b> b. (Middle) <b>-</b> c. (Last) <b>Reed</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-26-50</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>1-2-1869</b>		9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months Days <b>9 24</b>	
IF UNDER 12 HRS. Hours Min.					

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Ohio</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Stephen Reed</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah Brown</b>	
14. NAME OF HUSBAND OR WIFE <b>Anna S. Reed</b>					

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Anna S. Reed, Liberal Mo</b>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>	
		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.				<b>332X</b>	

19a. DATE OF OPERATION <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>		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) <b>NONE</b>		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 **4-17-1950**, to **10-26-1950**, that I last saw the deceased alive on **10-25-1950**, and that death occurred at **4:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J.P. Bunch, M.D.</b>		23b. ADDRESS <b>State Hospital #3</b>		23c. DATE SIGNED <b>10-26-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 28 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Barton City</b>		24d. LOCATION (City, town, or county) (State) <b>Liberal, Mo.</b>	
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DATE REC'D BY LOCAL REG <b>Oct 26, 50</b>		REGISTRAR'S SIGNATURE <b>Walter H. Yancy</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>KONANTZ FUNERAL HOME, Lamar, Missouri</b>	
				<b>Carl S. Konantz</b>	

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

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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED NOV 7 1950

Dist. File 1150-2254

Date Filed 11-15-50

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 \_\_\_\_\_

*Paul H. Konantz*

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.