

FILED JAN 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40091

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 5228 Registrar's No. 199

|   |                               |   |                                       |
|---|-------------------------------|---|---------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cass</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u><br>b. COUNTY <u>Cass</u> |                                       |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Pleasant Hill, RR#5</u>  |                               | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Pleasant Hill, Suburb</u>                                  |                                       |
| c. LENGTH OF STAY (In this place)<br><u>Life</u>  |                               | d. STREET ADDRESS (If rural: give location)<br><u>RR #3 0190</u>  |                                       |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>RR #3</u>   |                               |   |                                       |
| 3. NAME OF DECEASED<br>a. (First) <u>Ben</u><br>(Type or Print)   |                               | b. (Middle) _____ c. (Last) <u>Reed</u>   |                                       |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Dec. 27, 1950</u>   |                               |   |                                       |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>   | 8. DATE OF BIRTH <u>Dec. 25, 1845</u> |
| 9. AGE (In years last birthday) <u>105</u>  |                               | IF UNDER 1 YEAR: Hours _____ Min. _____   |                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Laborer</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Odd Jobs</u>  |                                       |
| 11. BIRTHPLACE (State or foreign country)<br><u>Kentucky</u>  |                               | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |                                       |
| 13a. FATHER'S NAME<br><u>Henry Reed</u>   |                               | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>   |                                       |
| 14. NAME OF HUSBAND OR WIFE<br><u>Molly Reed</u>  |                               |   |                                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                               | 16. SOCIAL SECURITY NO.<br><u>No</u>  |                                       |
| 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mabel Berry Pleasant Hill, Mo</u>   |                               | ADDRESS   |                                       |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |                                       |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic obstructive proctation</u>  |                               | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 yr</u>   |                                       |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Generalized arteriosclerosis</u>   |                               | <u>10 yrs</u>   |                                       |
| DUE TO (c) _____  |                               |   |                                       |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>610 X</u>   |                               |   |                                       |
| 19a. DATE OF OPERATION _____  |                               | 19b. MAJOR FINDINGS OF OPERATION _____  |                                       |
| 20. AUTOPSY?<br>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 <u>Dec 2</u> , 19 <u>48</u> , to <u>12-27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-23</u> , 19 <u>50</u> , and that death occurred at <u>3:45 P.</u> m., from the causes and on the date stated above. |                               |   |                                       |
| 23a. SIGNATURE<br><u>W. H. [Signature] MD</u>   |                               | 23b. ADDRESS<br><u>Pleasant Hill, Mo.</u>   |                                       |
| 23c. DATE SIGNED<br><u>12-28-50</u>   |                               |   |                                       |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  |                               | 24b. DATE<br><u>Dec 30, 50</u>  |                                       |
| 24c. NAME OF CEMETERY OR CREMATORY<br><u>Pleasant Hill Cem</u>  |                               | 24d. LOCATION (City, town, or county) (State)<br><u>Pleasant Hill, Mo.</u>  |                                       |
| DATE REC'D BY LOCAL REG.<br><u>Dec 30, 1950</u>   |                               | REGISTRAR'S SIGNATURE<br><u>Laura J. Jones</u>  |                                       |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>J. Virgil Herrick</u>  |                               | ADDRESS<br><u>Pleasant Hill, Mo.</u>  |                                       |

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

RECEIVED

JAN 8 1951

CASS COUNTY  
HEALTH DEPARTMENT

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

*J. W. H. Herrick*

Licensed Embalmer No. 3589

P. O. Address Pleasant Hill

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.