

BIRTH NO. 124 REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3021 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, write RURAL and give town) Debato
c. LENGTH OF STAY (in this place) yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 308 N. Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jeff
c. CITY (If outside corporate limits, write RURAL and give township) Debato
d. STREET ADDRESS (If rural, give location) 611 County Road

3. NAME OF DECEASED (Type or Print)
a. (First) GREGORY
b. (Middle) F
c. (Last) REED

4. DATE OF DEATH (Month) (Day) (Year)
Mar. 1 1951

5. SEX M
6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED

8. DATE OF BIRTH Jan 9 1896

9. AGE (In years last birthday) (If under 1 year, give Months) (If under 24 hrs, give Hours) (Min.)
56

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist

10b. KIND OF BUSINESS OR INDUSTRY R.R. Shop

11. BIRTHPLACE (State or foreign country) Debato Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Reed

13b. MOTHER'S MAIDEN NAME Neresa O'Leary

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes

(If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. 488-12-8487

17. INFORMANT'S SIGNATURE OR NAME Rose Reiser ADDRESS Debato

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) Natural causes
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
7958

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)

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8 p.m., from the causes and on the date stated above.

23a. SIGNATURE Marie Harris, Inc. Registrar (Degree or title)

23b. ADDRESS De. Soto, Mo.

23c. DATE SIGNED 3/1/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 4 1951

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) Debato Mo.

DATE REC'D BY LOCAL REG. 3-1-51

REGISTRAR'S SIGNATURE Marie Harris

25. FUNERAL DIRECTOR'S SIGNATURE Donnell B. Bateh ADDRESS Debato Mo

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

502

1961 11 23

MAR 21 1951

MS AUG 23 1960

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 3-5-51

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 _____

Donald B. King

working under my personal supervision.

Student Embalmer No. 402

Signed *Donald B. King*
Student Embalmer

Signed *Donnell B. Dietrich*

Licensed Embalmer No. 4104

P. O. Address Albeto Mo

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.