

7. King  
No. 300  
10.48

FILED MAR 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7305

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		1082 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Nevada City Hosp</u>		d. STREET ADDRESS (If not in hospital) <u>305 E. Walnut Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>REEDY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-5-1951</u>		
---	--	--	---	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>9-22-1885</u>	9. AGE (In years) (last birthday) <u>65</u>	if UNDER 1 YEAR Months <u>4</u> Days <u>16</u>	if UNDER 24 HRS. Hours <u>16</u> Min.
----------------------	-------------------------------	---	-----------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Carrollton, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	--

13a. FATHER'S NAME <u>Michael O'Loughlin</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Walker</u>	14. NAME OF HUSBAND OR WIFE <u>Widow</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>None</u>	ADDRESS
---	--	---	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>cardiac vasomotor collapse</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Anesthesia and operation</u>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>17-4 X</u>

19a. DATE OF OPERATION <u>2-5-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of uterus</u>	20. AUTOPSY? 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) m.	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 Jan. 28, 1951, to Feb. 5, 1951, that I last saw the deceased alive on Feb. 5, 1951, and that death occurred at 3:16 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. King W.D.</u>	23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>2-9-51</u>
---	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-7-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wm. Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo.</u>
---	---------------------------	---	--

DATE REC'D BY LOCAL REG. <u>2-15-51</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>William C. Hayes</u>	ADDRESS <u>Nevada, Mo.</u>
---	--	--	----------------------------

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

1982  
0

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

RECEIVED FEB 19 1951

Dist. File 251-398

Date Filed 2-19-51

MAR 4 1951

---

---

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 Allen V. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.