

FILED APR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9270

State File No.

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5748 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY. _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Royal - Mine LaMotte</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) _____		2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>8 miles No. of Fredericktown Mo. on Highway 61-67</u>		d. STREET ADDRESS (If rural, give location) <u>1316 Madison</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELSIE</u> b. (Middle) <u>TOLICE</u> c. (Last) <u>REED</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 24, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MARCH 28, 1930</u>		9. AGE (In years last birthday) <u>20</u>		10. F UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) <u>TRUMAN, ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. HOURS _____ 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>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>TRUMAN, ARKANSAS</u>	

13a. FATHER'S NAME <u>George COHOON</u>		13b. MOTHER'S MAIDEN NAME <u>IDA WALDON</u>		14. NAME OF HUSBAND OR WIFE <u>William E. REED</u>	
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 ADDRESS <u>CHARLES R. COHOON, 1449 Madison, St. Louis, Mo.</u>	

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) <u>CORONERS JURY VERDICT:</u> <u>UNAVOIDABLE ACCIDENT BY IMPACT</u> DUE TO (b) <u>OF GREY HOUND BUS AND</u> <u>HENRY J CAR</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>60' 26</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					

19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) <u>SUICIDE</u> <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (GIVE TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>MINE LAMOTTE Madison Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>MARCH 24, 1951 4:00 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile and Bus Collision</u>	

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Sam Hajin Jr. Coroner Madison Co. Mo.</u>		23b. ADDRESS <u>Fredericktown, Mo.</u>		23c. DATE SIGNED <u>3-27-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pine Lawn Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Nettleton, ARKANSAS</u>	

DATE REC'D BY LOCAL REG. <u>3-27-1951</u>		REGISTRAR'S SIGNATURE <u>Therence Dickson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sam Hajin Jr. Fredericktown, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5670
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MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
APR 6 - 1951
RECEIVED

FILE No. 437-19

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed William B. O'Connor

Signed _____
Student Embalmer

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.