

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9555

0812
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Helpe, Co Memorial Hosp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo. Licking</u> b. COUNTY <u>Lexas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Licking</u>	
c. LENGTH OF STAY (In this place) <u>1 week</u>		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1000 West 10th</u>		d. STREET ADDRESS (If rural, give location) <u>Maple Ave.</u>	
3. NAME OF DECEASED (First) <u>Laura</u> (Middle) <u>Victoria</u> (Last) <u>Reed</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>29</u> (Year) <u>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>Sept. 8 - 1875</u>
9. AGE (In years last birthday) <u>75</u>		<u>7</u>	<u>17</u>
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>Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>Lexas</u>		13a. FATHER'S NAME <u>Scott Oorden</u>	
13b. MOTHER'S MAIDEN NAME <u>Cassella Casenda</u>		14. NAME OF HUSBAND OR WIFE <u>Reed - Frank Russell</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 <u>Orville Hoque</u> ADDRESS <u>Licking Mo. 8</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Seritis - enterostomy</u> 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. _____	
19a. DATE OF OPERATION <u>3-21-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>obstructed abd ulcer - Stomach & Pylorus</u> 545X	
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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:33 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm R. Little D.M.S.</u> (Degree or title)		23b. ADDRESS <u>Rolla, Mo</u>	
23c. DATE SIGNED <u>3/29/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-1-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Boone Creek Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Texas County Mo</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Smith & Ferguson Licking Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 3, 1951</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u> 380	

RECEIVED
Phelps County Health Officer,
County File Number _____
Date Filed 4-9-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Hubert E. Ferguson

Licensed Embalmer No. 13945

P. O. Address Leeking 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.