No. 300
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FILED APR 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9778

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 113

1. PLACE OF DEATH
a. COUNTY: ST. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonne Terre
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ~~St. Francois~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. Louis 2269
d. STREET ADDRESS (If rural, give location): 1316 Madison

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Elbert
c. (Last): Reed

4. DATE OF DEATH (Month) (Day) (Year): March 24 1951

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5/4/1926
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months 10, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George W Reed
13b. MOTHER'S MAIDEN NAME: Anna Mae Durland
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 431-42-1795
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Al. Reed, Harrisburg, Arkansas

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Verdict Coroners jury "Deceased came to his death due to injuries received in a collision between automobile in which deceased was riding and a Greyhound bus occurring in the line of traffic of Greyhound Bus."

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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. Apparently broken neck and internal injuries 0162

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): US Highway 61 & 67
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Madison Co. Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 24, 1951 4 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Collision between Auto & Bus.

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 6:30 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Berl J Miller 3 Coroner
23b. ADDRESS: Farmington Mo.
23c. DATE SIGNED: 3/27/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 5
24b. DATE: 3/25/1951
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Truman Arkansas

DATE REC'D BY LOCAL REG.: Mar. 29, 1951
REGISTRAR'S SIGNATURE: Esther Rudloff 289
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Thompson Funeral Home, Truman, ARK.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 2 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.