

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17632

FILED MAY 24 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5995 Registrar's No. 26

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|--|------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Putnam</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Sherman Twp.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sherman Twp.</u> | |
| c. LENGTH OF STAY (In this place) <u>80</u> <u>yes</u> | | d. STREET ADDRESS (If rural, give location) <u>Powersville, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Powersville, Mo.</u> | | | e. STREET ADDRESS (If rural, give location) <u>Powersville, Mo.</u> |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Vira</u> b. (Middle) <u>Isabel</u> c. (Last) <u>Reed</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 12, 51</u> |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> <u>2</u> | 8. DATE OF BIRTH <u>Jan. 16, 1864</u> |
| 9. AGE (In years last birthday) <u>87</u> | | 10. MONTHS <u>3</u> | 11. DAYS <u>26</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homework</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Indiana</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>George Burns</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Sarah Mills</u> | | 14. NAME OF HUSBAND OR WIFE <u>Cyrus Reed, deceased</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>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Shriver, Powersville, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Valvular Heart Disease</u> ANTECEDENT CAUSES Morbidity 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. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4214</u> | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>48</u> , to <u>May 12, 1951</u> , that I last saw the deceased alive on <u>May 8, 1951</u> , and that death occurred at <u>6 a</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>A. R. Ingraham M.D.</u> | | 23b. ADDRESS <u>Seawal Iowa</u> | |
| 23c. DATE SIGNED <u>May 12-51</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u> | |
| 24b. DATE <u>May 14, 51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Powersville Cem.</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Powersville, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>F. O. Husted</u> | |
| 25. ADDRESS <u>Unionville, Mo.</u> | | DATE REC'D BY LOCAL REG. <u>5-18-51</u> | |
| REGISTRAR'S SIGNATURE <u>Marvell Durbin</u> | | 26. ADDRESS <u>266</u> | |

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

Date Received: MAY 22 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-51-950
Date Filed: MAY 22 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *J. O. Husted*

Signed.....
Student Embalmer

Licensed Embalmer No. *2975*

P. O. Address *Unionville*

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.