

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26360**

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Carroll 0171</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>		c. LENGTH OF STAY (In this place) <u>2 wks</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton 0171</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Atwood Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>GEORGE R REED</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 9 1951</u>		
5. SEX <u>Mo.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 9, 1860</u>		9. AGE (In years last birthday) <u>91</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Eldora, Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>George W. Reed</u>		13b. MOTHER'S MAIDEN NAME <u>Maria E. Swell</u>		14. NAME OF HUSBAND OR WIFE <u>Clara E. Hailey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Carl H. Reed</u> ADDRESS <u>Carrollton Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>						<u>Unknown</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		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>332X</u>				20. AUTOPSY? YES <input 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 Aug 5, 1951, to Aug 9, 1951, that I last saw the deceased alive on Aug 9, 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ann H. Plety</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Carrollton, Missouri</u>		23c. DATE SIGNED <u>8/10/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug 12 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>8/12/51</u>		REGISTRAR'S SIGNATURE <u>Mrs Herbert Calverto</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Thebeon</u>		ADDRESS <u>Carrollton Mo.</u>	

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

FILED AUG 25 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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Parrot

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.