

FILED AUG 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26743

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4236 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Iron 0470		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Des Arc		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Des Arc 0470	
c. LENGTH OF STAY (in this place) 11 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) ZENA	a. (First)	b. (Middle)	c. (Last) REED	4. DATE OF DEATH Aug. 11 1951
--	------------	-------------	----------------	-------------------------------

5. SEX fem	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 5 1865	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 4	IF UNDER 1 DAY Days 6	IF UNDER 1 HOUR Hours	IF UNDER 1 MIN. Min.
------------	------------------------	--	-------------------------------	------------------------------------	--------------------------	-----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Wayne Co. Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	----------------------------------

13a. FATHER'S NAME Richard McCalister	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE John T. Reed
---------------------------------------	-----------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Helena Sherman; ADDRESS 2020 Monroe
---	----------------------------	--

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION Quincy Ill. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Yanagawa R. Inf.</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Cerebral sclerosis</i> DUE TO (c) <i>1 day pneumonia</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH 10 days
---	--	--	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min)	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 7-28-51, 1951, to 8-11-51, 1951, that I last saw the deceased alive on 8-9-51, 1951, and that death occurred at 10.25P.M., from the causes and on the date stated above.

23a. SIGNATURE L. G. Ferry M.D. (Degree or title)	23b. ADDRESS	23c. DATE SIGNED 8-13-51
---	--------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8-15-51	24c. NAME OF CEMETERY OR CREMATORY DesArc Cemetery	24d. LOCATION (City, town, or county) (State) DesArc Missouri
--	-------------------	--	---

DATE REC'D BY LOCAL REG. 8-25-51	REGISTRAR'S SIGNATURE Mrs. Avis Jones	128	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home Ironton Mo. <i>Arvid White</i>
----------------------------------	---------------------------------------	-----	--

(Licensed-Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 27 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

SEP 1 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 Arnel White

Licensed Embalmer No. 3012

P. O. Address Quinton 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.