

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27761**

FILED AUG 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY <b>Remiscot 0781</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Remiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hayti</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hayti</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		a. (First) <b>Wash</b>	b. (Middle)	c. (Last) <b>Reed</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 26, 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>unk.</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) <b>Retired farm</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Day Labour</b>		11. BIRTHPLACE (State or foreign country) <b>Mount City Ark 1</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Archie Reed</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Sol Reed Steele, Mrs.</b>		ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebro-vascular accident</b>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>			
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>generalized debilitation</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **7-16**, 1951, to **7-26**, 1951, that I last saw the deceased alive on **7-19**, 1951, and that death occurred at **7:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Clarence D. Kaiser M.D.</b>	23b. ADDRESS <b>Hayti, Mo</b>	23c. DATE SIGNED <b>8-19-51</b>
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24a. BURIAL, CREMATION-REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-29-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St Paul Col. Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Hayti, Mo Rural</b>
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DATE REC'D BY LOCAL REG. <b>8-14-51</b>	REGISTRAR'S SIGNATURE <b>John W. German 406</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Valhalla Funeral Home</b>	ADDRESS <b>Hayti, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

dry from green

8-51-202  
Rec. AUG 18 1951

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

Caruthersville, Missouri

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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 John W German

Licensed Embalmer No. 4355

P. O. Address Hopkins, 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.