

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29421

FILED OCT 2 1951

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 93

1. PLACE OF DEATH

a. COUNTY

BATES

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

BUTLER

c. LENGTH OF STAY (in this place)

8 HRS.

d. FULL NAME OF HOSPITAL OR INSTITUTION

BUTLER MEMORIAL HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

MISSOURI

b. COUNTY

VERNON

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

METZ

1080

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED

(Type or Print)

a. (First)

NORA

b. (Middle)

RUTH

c. (Last)

REED

4. DATE OF DEATH (Month) (Day) (Year)

SEPT-24-1951

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

SEPT-29-1912

9. AGE (in years last birthday) OF UNDER 1 YEAR OF UNDER 1 MIN.

38 11 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

RICH HILL, MISSOURI

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

ARTHUR WHEELER

13b. MOTHER'S MAIDEN NAME

NORA POLSON

14. NAME OF HUSBAND OR WIFE

A. 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.

NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Aubrey Reed - Metz, Missouri

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

MEDICAL CERTIFICATION

Toxemia pregnancy

Acute Glomerulonephritis

Complicating pregnancy - 8 1/2 months duration

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

6421

20. AUTOPSY?

YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-22 1951 to 9-23 1951, that I last saw the deceased alive on 9-22 1951, and that death occurred at 10:17 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Carter W. Luter M.D.

23b. ADDRESS

Butler Mo

23c. DATE SIGNED

9-25-51

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

SEPT-26-1951

24c. NAME OF CEMETERY OR CREMATORY

RIDER CEMETERY

24d. LOCATION (City, town, or county) (State)

VERNON COUNTY, MO.

DATE REC'D BY LOCAL REG.

Sept. 25-51

REGISTRAR'S SIGNATURE

Hendall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Booth Funeral Service, Rich Hill, Mo.

RECEIVED 10-1-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-1-51 _____

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 _____
Student Embalmer

Signed *John G. Underwood*

Licensed Embalmer No. *3585*

P. O. Address *Butler 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.