

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29889

FILED OCT 10 1951

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 3018		Registrar's No. 66			
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem			c. LENGTH OF STAY (in this place) 60 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem				
d. FULL NAME OF HOSPITAL OR INSTITUTION none				d. STREET ADDRESS (If rural, give location) none					
3. NAME OF DECEASED (Type or Print) Mary		a. (First)		b. (Middle) A		c. (Last) Reed			
4. DATE OF DEATH 10/1/51		(Month)		(Day)		(Year)			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 11/25/1883			
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Days		IF UNDER 1 HR. Hours 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 --			11. BIRTHPLACE (State or foreign country) Missouri			
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME John Mackey		13b. MOTHER'S MAIDEN NAME Martha Swearington		14. NAME OF HUSBAND OR WIFE Chas C. Reed			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Reed, Salem, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Isidic pathol. of peritoneum DUE TO (c) Chr. nephrosis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X						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) m.		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 12-19-1950, to 9/4/51, 1951, and that death occurred at 8:50 p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph R. Burnett D.D.				23b. ADDRESS Salem, Mo				23c. DATE SIGNED 10/2/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/5/51		24c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem		24d. LOCATION (City, town, or county) (State) Salem, Missouri			
DATE REC'D BY LOCAL REG. 10-2-51		REGISTRAR'S SIGNATURE M.M. Hart, M.D. by deputy		25. FUNERAL DIRECTOR'S SIGNATURE Carl H. Speas		ADDRESS Salem, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

0331

0331

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 6 1951

RECEIVED

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

Wm. W. McDonald

Licensed Embalmer No.

3806

P. O. Address

Salem, 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.