

FILED OCT 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32323

State File No.

Registrar's No.

BIRTH NO.		REG. DIST. NO. <u>35²</u>		PRIMARY REG. DIST. NO. <u>45.17</u>	
1. PLACE OF DEATH a. COUNTY <u>Taney</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nebraska</u> b. COUNTY <u>Douglas</u>		
b. CITY OR TOWN <u>Brandon</u>		c. LENGTH OF STAY (In this place) <u>1 da</u>	c. CITY OR TOWN <u>Omaha</u>		8260
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shaggs. Conv. Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>3701 South St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hubert E.</u> b. (Middle) <u>Reed</u> c. (Last) <u>Reed</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-20-51</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March-5-1887</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sanitation</u>	11. BIRTHPLACE (State or foreign country) <u>Pinar Island, Mexico</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Best Reed</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Smith Reed</u>	14. NAME OF HUSBAND OR WIFE <u>Bernice Reed</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W.I.</u>		16. SOCIAL SECURITY NO. <u>W.W.I.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Hubert Reed</u> ADDRESS <u>Shaggs</u>		
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) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</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) 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 <u>9-20, 1951</u> , to <u>9-20, 1951</u> , that I last saw the deceased alive on <u>9/20</u> , 19 <u>51</u> , and that death occurred at <u>12:4 m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u> (Degree or title)			23b. ADDRESS <u>4201</u>		23c. DATE SIGNED <u>9/25/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-21-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest</u>	24d. LOCATION (City, town, or county) (State) <u>Omaha Nebraska</u>		
DATE REC'D BY LOCAL REG. <u>9-21-51</u>		REGISTRAR'S SIGNATURE <u>A. G. Caswell</u> 276	25. FUNERAL DIRECTOR'S SIGNATURE <u>RO. Wheeler</u> ADDRESS <u>Brandon</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

Nov 1 1951

Dist. File 1051-1229

Date Filed 10-11-51

NOV 5 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 Minnie P. Wheeler

Licensed Embalmer No. 2277

P. O. Address Ransom 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.