

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>4962</u>		Registrar's No. <u>L</u>	
1. PLACE OF DEATH a. COUNTY <u>SCOTLAND</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>SCOTLAND</u>			
b. CITY (If outside corporate limits, write RURAL and give town): <u>MEMPHIS</u>		c. LENGTH OF STAY (in this place) <u>30 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MEMPHIS</u>		<u>1990</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED a. (First) <u>MARY</u> (Type or Print)			b. (Middle) <u>E</u>		c. (Last) <u>REED</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 20-1952</u>
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>10-31-1891</u>	
9. AGE (In years, last birthday) <u>80</u>		If UNDER 1 YEAR Months <u>2</u> Days <u>21</u>		If UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPING</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>SCOTLAND Co. U</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>LEROY THOMPSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA FORRESTER</u>		14. NAME OF HUSBAND OR WIFE <u>PORT REED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edgar Thompson</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cervix</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Recto Vaginal Fistula</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 years.</u> <u>6 MO.</u>
19a. DATE OF OPERATION <u>6/9/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>colostomy -</u>					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) <u>171X</u>			
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 <u>1-20</u> , 19 <u>50</u> , to <u>1-20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-20</u> , 19 <u>52</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. E. Hill</u>				23b. ADDRESS <u>Memphis, Mo</u>		23c. DATE SIGNED <u>1/21/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 21, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMPHIS</u>		24d. LOCATION (City, town, or county) (State) <u>MEMPHIS Mo</u>	
DATE REC'D BY LOCAL REG. <u>1/26/52</u>		REGISTRAR'S SIGNATURE <u>OM Baker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. ...</u>		ADDRESS <u>Memphis Mo</u>	

MAR 1 1927

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis 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.