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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5605

State File No.

FILED FEB 27 1952

BIRTH NO. REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Odessa
c. LENGTH OF STAY (In this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Odessa 0540
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): S.
c. (Last): Reed

4. DATE OF DEATH (Month) (Day) (Year): Feb. 15, 1952

5. SEX: M 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3

8. DATE OF BIRTH: Sept. 16, 1876

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Missouri 0

12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: C.H.Reed

13b. MOTHER'S MAIDEN NAME: Mary Vance

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Lillie Wilcoxon Odessa, Mo.

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) Myocarditis Chr — INTERVAL BETWEEN ONSET AND DEATH: approx 10 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis Chr. — "
DUE TO (c) —

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: 592X

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) m.:

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* 11-15, 1951, *to* 2/15, 1952, *that I last saw the deceased alive on* 2/15, 1952, *and that death occurred at* 8:25 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. F. Haughey D.O

23b. ADDRESS: Odessa Mo

23c. DATE SIGNED: 2/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb.17.1952

24c. NAME OF CEMETERY OR CREMATORY: Odessa Cemeteryn

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

DATE REC'D BY LOCAL REG.: 2/17/1952

REGISTRAR'S SIGNATURE: Emma Davidson 45-3

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Husman-Sparks Odessa, Mo.
Jerry L. Husman

(Licensed Embalmer's Statement on Reverse Side)

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APR 22 1952

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 Jerry L. Thomas

Licensed Embalmer No. 7541

P. O. Address Alma Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.