

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25151

State File No. \_\_\_\_\_  
Registrar's No. 48

FILED JUL 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5796

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u> <u>0680</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boon Co 0105</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Walker</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia, Mo</u>	
c. LENGTH OF STAY (in this place) <u>1/2 Hr</u>		d. STREET ADDRESS (If rural, give location) <u>807 North 8 St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Prarie Home Star Rt. Calif, Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mickey</u> b. (Middle) <u>Joe</u> c. (Last) <u>Reed</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7/27/52</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sent. 19, 1946</u>	9. AGE (In years last birthday) <u>5</u>	10 MONTHS <u>70</u>	11 DAYS <u>8</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			

13a. FATHER'S NAME <u>Edward Reed</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth Thompson</u>	14. NAME OF HUSBAND OR WIFE _____
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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>Wm. Paul Columbia - Mo</u>	ADDRESS <u>807 N 8</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 Minutes</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>168</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm - creek</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>California Moniteau Mo.</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 dead when first seen 1952 to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 3:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Kenneth Latham M.D. coroner</u>	23b. ADDRESS <u>California, Mo.</u>	23c. DATE SIGNED <u>7-29-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/29/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Flag Spring Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>R.F.D. California, Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 28, 52</u>	REGISTRAR'S SIGNATURE <u>W.R. Papey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Bonline</u>	ADDRESS <u>California</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

5. No. 300  
V. 10.48

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

*Earl Boulton*

Licensed Embalmer No. *7126*

P. O. Address *California*

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.