No. 300
10.48

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

FILED SEP 3 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27095

State File No.

BIRTH NO. REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Barton 0060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Liberal
c. LENGTH OF STAY (in this place) 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Barton 0060
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Liberal 0
d. STREET ADDRESS (If rural, give location) City

3. NAME OF DECEASED (Type or Print)
a. (First) Anna b. (Middle) Ganette c. (Last) Reed

4. DATE OF DEATH (Month) Aug (Day) 22 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0
8. DATE OF BIRTH Aug 8, 1873
9. AGE (In years last birthday) 79 | 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) Music Teacher
10b. KIND OF BUSINESS OR INDUSTRY Piano
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Stephan Reed
13b. MOTHER'S MAIDEN NAME Hannah Brown
14. NAME OF HUSBAND OR WIFE

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. —
17. INFORMANT'S SIGNATURE OR NAME G. F. Reed **ADDRESS** Nevada 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) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) 0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION No 334X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 0
21c. (CITY, TOWN, OR TOWNSHIP) 0 (COUNTY) 0 (STATE) 0
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 0

22. *I hereby certify that I attended the deceased from* 8/15, 1952, *to* 8/21, 1952, *that I last saw the deceased alive on* 8/21, 1952, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE A. G. Eddlemon (Degree or Title) M.D.
23b. ADDRESS Liberal Mo
23c. DATE SIGNED 8/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-24-1952
24c. NAME OF CEMETERY OR CREMATORY Barton City
24d. LOCATION (City, town, or county) Liberal-Barton Co. (State) Mo

DATE REC'D BY LOCAL REG. Aug 25, 1952
REGISTRAR'S SIGNATURE Charlotte McDowell 420
25. FUNERAL DIRECTOR'S SIGNATURE J. M. Berkey **ADDRESS** Mulberry Ks.

(Licensed Embalmer's Statement on Reverse Side)

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 J. M. Berkey

Signed.....
Student Embalmer

Licensed Embalmer No. 2356

P. O. Address Mulberry, Kans.

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.