

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28471

State File No.

FILED AUG 21 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2002 Registrar's No. 349

1. PLACE OF DEATH a. COUNTY <u>JASPER 0495</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>LABETTE</u>	
b. CITY OR TOWN <u>JOPLIN</u>		c. CITY OR TOWN <u>CHETOPA</u>	
c. LENGTH OF STAY (in this place) <u>1 DAY</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>A.</u>	c. (Last) <u>REED</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 3 1952</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>MARRIED</u>	8. DATE OF BIRTH <u>MAY 2, 1873</u>	9. AGE (In years last birthday) <u>79</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COAL OPERATOR</u>	11. BIRTHPLACE (State or foreign country) <u>LACONING, MARYLAND</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>MATTHEW G. REED</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH LURKHEAD</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. JAMES REED</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NAK</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JAMES REED, CHETOPA, KAN.</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u>		<u>Several</u>
	DUE TO (c) <u>Coronary insufficiency</u>		<u>years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prosthetic hypertension</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no operation done</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 8-9, 1952, to 8-3, 1952, that I last saw the deceased alive on 8-3, 1952, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Walker</u> (Degree or title) <u>M.D. C.</u>	23b. ADDRESS <u>527 First St. Joplin Mo</u>	23c. DATE SIGNED <u>8-4-52</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>8-4-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HOSEY HILL</u>	24d. LOCATION (City, town, or county) (State) <u>WIER, KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>8-4-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>MILLER FUNERAL HOME, CHETOPA, KAN.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-19-52

Jasper County Health Office

County File Number 5210/610

Date Filed 8-19-52

NOV 30 1954

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Jasper 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.