

S. No. 300
V. 10. 48

FILED SEP 2 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39526

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4315 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Sullivan 1050		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE 1110 b. COUNTY Sullivan 1050	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Gertrude b. (Middle) C c. (Last) Reed		4. DATE OF DEATH 8-4-52	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH 12-6-1958
9. AGE (In years last birthday) 93		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher	11. BIRTHPLACE (State or foreign country) Lyons Iowa
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Lymon Ames		13b. MOTHER'S MAIDEN NAME Sabina Preston	14. NAME OF HUSBAND OR WIFE J.S. Reed - dead
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 170		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Fred Reed ADDRESS Milan-114
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) valvular heart disease arteriosclerosis Hypertension Myocarditis -DUE TO (c)- II. OTHER SIGNIFICANT CONDITIONS: Asthma, scurvy Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4214	
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)	
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 for several years to Aug. 4, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00 a.m., from the causes and on the date stated above.			
23a. SIGNATURE J. S. Montgomery M.D.		23b. ADDRESS Milan	23c. DATE SIGNED Aug. 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-6-52	24c. NAME OF CEMETERY OR CREMATORY Oakwood Cem	24d. LOCATION (City, town, or county) (State) Milan 1110
DATE REC'D BY LOCAL REG. Aug 28 - 1952	REGISTRAR'S SIGNATURE Mrs. H. B. Harris 320-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schepenes 1110	

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

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 Drigbt Schone

Licensed Embalmer No. 2667

P. O. Address Michigan - US

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.