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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34803

State File No. ....

NOV 3 1952

BIRTH NO. .... REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3511 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fields Creek Twp</u>		c. LENGTH OF STAY (In this place) <u>6 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fields Creek Twp</u>		d. STREET ADDRESS (If rural, give location) <u>Fields Creek Twp</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fields Creek Twp</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>William Hosea</u> b. (Middle) <u>Riead</u> c. (Last) <u>Riead</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-26-1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-23-1870</u>		9. AGE (In years last birthday) <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Hosea Riead</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Traylor</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Riead</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>John Riead</u> ADDRESS <u>Clinton Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute stenosis</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>not 4 yrs</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>None</u>				<u>that 4 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>None</u>				

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	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	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 March 29, 1952, to Oct. 26, 1952, that I last saw the deceased alive on Oct 25, 1952, and that death occurred at L.O.A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S.B. Hughes, M.D.</u>		23b. ADDRESS <u>Clinton, Mo</u>		23c. DATE SIGNED <u>10/27/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cinglewood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Henry Co Mo</u>		
DATE REC'D BY LOCAL REG <u>Oct 29-52</u>		REGISTRAR'S SIGNATURE <u>Florence Odaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lubman &amp; Lunning</u> ADDRESS <u>Clinton Mo</u>	

**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 Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton, 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.