

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35949

State File No.

BIRTH NO. REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bowling Green</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bowling Green</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS <u>(If rural, give location)</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARLIE</u> b. (Middle) <u>LESTER</u> c. (Last) <u>READING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 15 1952</u>
---	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 17 1895</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR <u>57</u> Months <u>3</u> Days <u>23</u> Hours <u></u> Min.
-------------------------	----------------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Home wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Curryville Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	---

13a. FATHER'S NAME <u>Nathaniel B. Sutton</u>	13b. MOTHER'S MAIDEN NAME <u>Daganne Bradford</u>	14. NAME OF HUSBAND OR WIFE <u>George W. Reading</u>
--	--	---

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></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Nancy Reading</u>	ADDRESS <u>Bowling Green Mo</u>
---	------------------------------------	--	------------------------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis</u> DUE TO (c) <u>Arteriosclerosis</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>corded vascular Alia</u>		<u>10 yr.</u>	

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
-----------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>

22. I hereby certify that I attended the deceased from 10/12, 1952 to 10/13, 1952, that I last saw the deceased alive on 10/13, 1952, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. H. Lewille MD</u>	23b. ADDRESS <u>Bowling Green Mo</u>	23c. DATE SIGNED <u>10/18/52</u>
--	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10 15 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Air</u>	24d. LOCATION (City, town, or county) (State) <u>Pike Co. Mo</u>
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>10/28/52</u>	REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Barkhead</u>	ADDRESS <u>Bowling Green Mo</u>
---	---	---	------------------------------------

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Harold C. Kirk*

Licensed Embalmer No. *4597*

P. O. Address *Pauline Street*

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.