

STANDARD CERTIFICATE OF DEATH

State File No. **37901**

FILED NOV 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5178</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Beau Rivier Beach</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sun Rise Beach - Jasper, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Barker Cottage Camp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barker Camp - Jasper, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Barker Cottage Camp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u>		b. (Middle) <u>R</u>		c. (Last) <u>Reeder</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 14 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>1897</u>	
9. AGE (in years last birthday) <u>55</u>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail way</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joel Reeder</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Ingrave</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian Graft Reeder</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>do not know</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eugene Reeder, Belton, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Paralysis</u> ANTECEDENT CAUSES DUE TO (b) <u>acute alcoholism</u> DUE TO (c) <u>a continued drunken party left unattended</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>alcoholic over a period of years</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3 2 2 0</u>		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 <u>Nov 20, 1952</u> , to <u>Nov 20, 1952</u> , that I last saw the deceased alive on <u>Nov 20, 1952</u> , and that death occurred at <u>(?)</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Abbie Woolery County Coroner</u>				23b. ADDRESS <u>Camden, Mo</u>		23c. DATE SIGNED <u>Nov 22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake of Ozark</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co. MO</u>	
DATE REC'D BY LOCAL REG. <u>Nov 24-1952</u>		REGISTRAR'S SIGNATURE <u>Zilpha Inraw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson - Woolery</u>		ADDRESS <u>Camden Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 4 1952

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 *[Signature]* _____

Licensed Embalmer No. *2488* _____

P. O. Address *Camden, Me* _____

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.