

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43196

State File No.

BIRTH NO. **JAN 5 1953**

REG. DIST. NO. **360**

PRIMARY REG. DIST. NO. **3058**

Registrar's No. **261**

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

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) St Charles		c. CITY (If outside corporate limits, write RURAL and give township) Mexico 0043	
c. LENGTH OF STAY (In this place) 3 wks		d. STREET ADDRESS (If rural, give location) 721 West Jackson St	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1619 No 3rd St			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) S c. (Last) Reeds	4. DATE OF DEATH (Month) (Day) (Year) Dec. 27 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 28 1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 9 Days 30	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Bldg.	11. BIRTHPLACE (State or foreign country) Lincoln Co. Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Reeds	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mary Reeds
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war on dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME John Carrico	ADDRESS 1619 No. 3rd St ST. CHARLES
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hour 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarct		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____			5 years?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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) (Min.)	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 **January 1952**, to **December 27, 1952**, that I last saw the deceased alive on **December 26, 1952**, and that death occurred at **7 A** m., from the causes and on the date stated above.

23a. SIGNATURE George E. Kester M.D.	23b. ADDRESS St Charles Mo	23c. DATE SIGNED Dec 29 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec 27 1952	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) (State) Mexico Mo
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DATE REC'D BY LOCAL REG. Dec 29 1952	REGISTRAR'S SIGNATURE Louise H. ...	25. FUNERAL DIRECTOR'S SIGNATURE Louise H. ...	ADDRESS St Charles Mo
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JAN 3 0 1953

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 Arthur C. Bane

Licensed Embalmer No. 2117

P. O. Address St. Charles, 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.