

## STANDARD CERTIFICATE OF DEATH

6815

State File No. ....

FILED FEB 25 1953

BIRTH NO. 127 REG. DIST. NO. 006 PRIMARY REG. DIST. NO. 5749 Registrar's No. 12

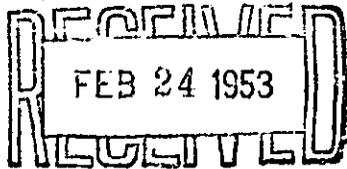
1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural -- Polk</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural -- Polk</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R #3 Fredericktown, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R # 3 Fredericktown, Mo.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 9 1953</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>W.</u> c. (Last) <u>Reed</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
5. SEX <u>Male</u>		8. DATE OF BIRTH <u>Feb 22, 1889</u>	
6. COLOR OR RACE <u>White</u>		9. AGE (In years last birthday) <u>63 yrs</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Ironton, Mo.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Oliver Reed</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Reed</u>	
13b. MOTHER'S MAIDEN NAME <u>Betty Weiss</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Reed</u> ADDRESS <u>R #3 Fredericktown 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>1561</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Alcoholism</u>		<u>Unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Feb. 4, 1953</u> , to <u>Feb 9, 1953</u> , that I last saw the deceased alive on <u>Feb 9, 1953</u> , and that death occurred at <u>9:25 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. H. McIntosh M.D.</u> (Degree or title)		23b. ADDRESS <u>Ironton, Mo.</u>	
23c. DATE SIGNED <u>Feb 14 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-11-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ironton, Mo.</u>	
DATE REC'D BY LOCAL RES. <u>2-16-1953</u>		REGISTRAR'S SIGNATURE <u>Flarence Dick</u> <u>187</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Najim Jr.</u> ADDRESS <u>Fredericktown, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0620

MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.



FILE No. 253-12

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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 \_\_\_\_\_

*William R. O'Connor*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.