

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9224

State File No.

FILED MAR 30 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>78</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (to this place) <u>44 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City 0264</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>709-E-Miller</u>				d. STREET ADDRESS (If rural, give location) <u>709-E-Miller</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u> b. (Middle) <u>Hartense</u> c. (Last) <u>Reed</u>			4. DATE OF DEATH <u>Mar. 15-1953</u> (Month) (Day) (Year)				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 28-1908</u>		9. AGE (to years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>17</u>	IF UNDER 1 HR. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Reed</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Henderson</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Reed</u>		ADDRESS <u>-709-E-Miller</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						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage.</u>						
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS * Conditions contributing to the death but not related to the disease or condition causing death.						
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>March 11, 1953</u> , to <u>March 15, 1953</u> , that I last saw the deceased alive on <u>March 14, 1953</u> , and that death occurred at <u>2 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Canapawa, M.D.</u> (Degree or title)				23b. ADDRESS <u>1201 Meyer Bldg.</u>		23c. DATE SIGNED <u>3/19/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Mar 19-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Longview</u>		24d. LOCATION (City, town, or county) (State) <u>Cole County Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Mar 25-1953</u>		REGISTRAR'S SIGNATURE <u>R. G. Davis, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robinson</u>		ADDRESS <u>700 Jefferson</u>	

(Licensed Embalmer's Statement on Reverse Side)

Konnagawa

AUG 16 1957

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

J. M. Mullen

Licensed Embalmer No.

3641

P. O. Address

Law.

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.