

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

19047

State File No.

373

FILED JUN 6 1953

BIRTH NO. _____ REG. DIST. NO. 2301 PRIMARY REG. DIST. NO. 4450 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Ripley</u> <u>0910</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Doniphan</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0910</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Community Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>F.</u> c. (Last) <u>Reeder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	
8. DATE OF BIRTH <u>April 1, 1877</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u>	
IF UNDER 1 YEAR Hours <u>2</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>gardner</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Cleveland, Ohio /</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>Wm. F. Reeder</u>		13b. MOTHER'S MAIDEN NAME <u>Not known</u>		14. NAME OF HUSBAND OR WIFE <u>Jeanette 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>0</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Blanche Shields Warren, Ohio</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		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>10 years</u> <u>6 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac decompensation</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		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) m.		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 May 30, 1951, to June 2, 1953, that I last saw the deceased alive on June 2, 1953, and that death occurred at 2:10a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Johnson M.D.</u> (Degree or title)		23b. ADDRESS <u>Doniphan, Mo.</u>		23c. DATE SIGNED <u>6/3/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>June 5, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Naylor</u>		24d. LOCATION (City, town, or county) (State) <u>Naylor, Ripley Co. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>6-7-53</u>		REGISTRAR'S SIGNATURE <u>W.D. Johnston 277-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gish Funeral Home Naylor, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mo. 300
0-48

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 Bryan McCord
Licensed Embalmer No. 4079

P. O. Address Naylor

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.