

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20846**

FILED JUN 24 1953

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 247	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) 12 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Campbell		0350	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital				d. STREET ADDRESS (If rural, give location) City			
3. NAME OF DECEASED (Type or Print) a. (First) JOSIE b. (Middle) IONA c. (Last) REED			4. DATE OF DEATH (Month) (Day) (Year) JUNE 9 1953				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9, 1895		9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Days 10	IF UNDER 24 HRS. Hours 0 Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lenard Parrent		13b. MOTHER'S MAIDEN NAME Mariah Matthews		14. NAME OF HUSBAND OR WIFE Earl Reed			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Earl Reed, Campbell, Missouri ADDRESS _____			
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.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Cardiac Failure DUE TO (c) Acute Cardiac Dilatation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					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) (Min.) _____		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 6-8 , 19 53 , to 6-9 , 19 53 , that I last saw the deceased alive on 6-9 , 19 53 and that death occurred at 9:05 AM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. D. [Signature]				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 6/16/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 11, 1953	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Campbell, Missouri		
DATE REC'D BY LOCAL REG. 6/20/53		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Landess Funeral Home, Campbell, Mo.			

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

RECEIVED
6/22/53
BUTLER CO. HEALTH CENTER
FILE NO: _____

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.