

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21056

State File No.

No. 300
10. 48

ED JUL 7 - 1953

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BIRTH NO.		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>5291</u>		Registrar's No. <u>73?</u>			
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edgerton</u>		1830			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.O.O.F. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Clay</u> c. (Last) <u>Reed</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 25-53</u>						
5. SEX <u>Male</u> 0		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>July 27-1863</u>			
9. AGE (In years: last birthday) <u>89</u>		# UNDER 1 YEAR Months <u>10</u>		# UNDER 1 YEAR Days <u>28</u>		# UNDER 24 HRS. Hours <u>14</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
13a. FATHER'S NAME <u>John Reed</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Fry</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert H. Black</u>			ADDRESS <u>Trimble, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Arteriosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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 <u>4500</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>		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>June, 1953</u> , to <u>June 25, 1953</u> that I last saw the deceased alive on <u>June 25, 1953</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. H. Goodrich M.D.</u>				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>6/27/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 25-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Reed</u>		24d. LOCATION (City, town, or county) (State) <u>Trimble Mo.</u>			
DATE REC'D BY LOCAL REG. <u>July 1, 1953</u>		REGISTRAR'S SIGNATURE <u>Mabel Strahan</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Rollins & Nash - Edgerton, Mo.</u>		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 1 3 1954

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 John Lombard
Licensed Embalmer No. 4448

P. O. Address Liberty 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.