FILED JUN 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21700

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2766

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 1 WEEK.
d. FULL NAME OF HOSPITAL OR INSTITUTION: GEN HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: ROCK ISLAND
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOLINE 812 8
d. STREET ADDRESS (If rural, give location): 3804 10TH AVE PL.

3. NAME OF DECEASED (Type or Print)
a. (First): GLENN
b. (Middle): REED
c. (Last): REED

4. DATE OF DEATH (Month) (Day) (Year): 5 31 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: —
9. AGE (In years last birthday): 51 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MEAT CUTTER
10b. KIND OF BUSINESS OR INDUSTRY: GROCER
11. BIRTHPLACE (City and State or Foreign Country): MOLINE, ILL
12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME: EVERETT REED
13b. MOTHER'S MAIDEN NAME: MINNIE LONG
14. NAME OF HUSBAND OR WIFE: BARBARA REED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W. W. I
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Coroner's Office K. C. Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of Death Unknown — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid 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.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Cast Refused
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Hugh H. Owens (Degree or title) — Hugh H. Owens Coroner
23b. ADDRESS: 1134 Brady Bldg
23c. DATE SIGNED: 6-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 6-1-53
24c. NAME OF CEMETERY OR CREMATORY: NAT'L. CEM ROCK ISLAND ARSENAL
24d. LOCATION (City, town, or county) (State): ROCK ISLAND, ILL.

DATE REC'D BY LOCAL REG: 6-1-53
REGISTRAR'S SIGNATURE: NAT'L. Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: SEBBETOS K. C. Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~only~~ .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Forrest D. Coldsnow

Licensed Embalmer No. 424

P. O. Address K. C. 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.