6.300
0.48
70
1

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22249

FILED JUL 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5784 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R#2 Box 605 East Prairie James Bayou Township
c. LENGTH OF STAY (in this place): 2 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Res. R#2 Box 605

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R#2 Box 605 Charleston, Mo. 0670
d. STREET ADDRESS (If rural, give location): R#2 Box 605 Charleston, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Andrew Jackson c. (Last) Reed

4. DATE OF DEATH (Month) (Day) (Year): June, 14, 1953

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Nov. 25, 1912
9. AGE (In years last birthday): 40 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Water Valley, Miss. 0 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Reed
13b. MOTHER'S MAIDEN NAME: Cinda Hoskin
14. NAME OF HUSBAND OR WIFE: Mary Alice 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.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mary Alice Reed, R#2 Charleston, Mo.

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) Chronic Myocardial degeneration — Interval between onset and death: 1yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Syphilitic aortitis — 2yrs
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: 023 X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1952 *to* June 14, 1953, *that I last saw the deceased alive on* June 12, 1953, *and that death occurred at* 11:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE: T. P. Fenton (Degree or title) DO
23b. ADDRESS: Wyatt, Mo
23c. DATE SIGNED: 6/16/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/17/53
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): Charleston, Mo.

DATE REC'D BY LOCAL REG.: 6-29-53
REGISTRAR'S SIGNATURE: Gertrude G. Harper
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Edward E. Nunnelee — The Nunnelee Funeral Chapel, Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 2

RECEIVED
Miss. Co. Health De
County File No.
Date Filed JUL 6 195

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 F Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, Mo

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

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