

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

State File No. **24518**

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

**FILED AUG 10 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **80**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>HARRISON</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bethany</b> c. LENGTH OF STAY (In this place) <b>4 Days</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lacy Rest Home</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. -If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>HARRISON</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Blythdale</b> <b>0410</b> d. STREET ADDRESS (If rural, give location) <b>None</b> <b>0</b>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Oliver</b> c. (Last) <b>Reed</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Aug 2, 1953</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>March 29, 1870</b>	<b>9. AGE</b> (In years last birthday) <b>83</b>	<b>UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 1 M. OR MIN.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Druggist</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Druggist</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Brooklyn, Mo</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>
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<b>13a. FATHER'S NAME</b> <b>George Reed</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Jennie Shirts</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mamie Reed</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> (If you, give year of date of service) <b>No</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs John Reed Blythdale Mo</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Chronic Myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b> DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>4221</b>	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>4 years</b>  <b>10?</b>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 6-15, 192, to Aug 2, 1953, that I last saw the deceased alive on 1-7, 1953, and that death occurred at 12:50 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>W. H. Boyer M.D.</b>	<b>23b. ADDRESS</b> <b>Bethany Mo.</b>	<b>23c. DATE SIGNED</b> <b>8-4-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Rural</b>	<b>24b. DATE</b> <b>Aug 4, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Cedar Hill Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Blythdale Mo</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>8-8-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Z. H. Burris</b>	<b>5. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Ronald W. Roggess Eagleville Mo</b>
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MISS. ST. AHS.

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 Gerald W. Boggess

Licensed Embalmer No. 7762

P. O. Address Eagleville, 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.