

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27826**

FILED SEP 8 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 946

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Davies</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Breckenridge - RURAL 0310</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Beulah</u> b. (Middle) <u>M</u> c. (Last) <u>Reed</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 30 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 2, 1893</u>
9. AGE (In years last birthday) <u>59</u>	10. MONTHS <u>9</u>	11. DAYS <u>28</u>	12. HOURS <u></u> MIN. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Medley</u>	
14. NAME OF HUSBAND OR WIFE <u>George Reed</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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>George Reed</u> ADDRESS <u>Breckenridge, 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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) <u>Arteriosclerosis &amp; hypertension</u> DUE TO (c) <u></u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Phosphor cerebral arterio sclerosis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>331X</u>	
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)		21e. INJURY OCCURRED WHILE AT <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>Jan 1, 1927</u> , to <u>Aug 30, 1953</u> , that I last saw the deceased alive on <u>Aug 29, 1953</u> , and that death occurred at <u>12:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>I arrest Thomas M. W.</u>		23b. ADDRESS <u>St Joseph Mo, State Hospital no 2</u>	
23c. DATE SIGNED <u>8/30-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-31-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Breckenridge</u>		24d. LOCATION (City, town, or county) (State) <u>Breckenridge, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 2, 1953</u>		REGISTRAR'S SIGNATURE <u>Nathan M. Allison</u> 405	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Stoney Funeral Home</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1958

MAR 27 1958

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 Roy Stacey*

Licensed Embalmer No. *2435*

P. O. Address *St Joseph*

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.