No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28091

FILED AUG 18 1953

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4136 Registrar's No. 37

0250
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1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Plattsburg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 509 Osage

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Plattsburg 0250
d. STREET ADDRESS (If rural, give location) 509 Osage 0

3. NAME OF DECEASED (Type or Print) a. (First) Hendrix b. (Middle) Edward c. (Last) Reed

4. DATE OF DEATH (Month) Aug (Day) 13 (Year) 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 30 1870
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 0 Days 13 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
11. BIRTHPLACE (City and State or Foreign Country) Plattsburg Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ruben E Reed
13b. MOTHER'S MAIDEN NAME Nancy Sparks
14. NAME OF HUSBAND OR WIFE Elizabeth Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) x x
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. H.E. Reed ADDRESS Plattsburg 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) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH 6 Mo

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 334X
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 20 1953, *to* Aug 13, 1953, *that I last saw the deceased alive on* Aug 12, 1953, *and that death occurred at* 1:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE W. B. Spalding (Degree or title) MD
23b. ADDRESS Plattsburg Mo
23c. DATE SIGNED Aug 14 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-15-52
24c. NAME OF CEMETERY OR CREMATORY Greenlawn
24d. LOCATION (City, town, or county) Plattsburg (State) MO.

DATE REC'D BY LOCAL REG. AUG 21 1953
REGISTRAR'S SIGNATURE Clyde A. Bridger
25. FUNERAL DIRECTOR'S SIGNATURE D. D. Lyon ADDRESS Plattsburg, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

X—

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 Darrell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.