

**STANDARD CERTIFICATE OF DEATH**

State File No. **32640**

FILED OCT 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **5953** Registrar's No. **119**

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural--Buffalo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural--Buffalo</b>	
c. LENGTH OF STAY (In this place) <b>4 days</b>		d. STREET ADDRESS (If rural, give location) <b>RFD Louisiana, Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RFD Louisiana, Missouri</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JENNIE</b> b. (Middle) <b>LOIS</b> c. (Last) <b>READING</b>			4. DATE OF DEATH <b>OCT. 3, 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Feb. 20, 1876</b>		9. AGE (In years, months, days) <b>71</b> <b>7</b> <b>13</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>RFD Louisiana, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>	

13a. FATHER'S NAME <b>Edward B. Rule</b>		13b. MOTHER'S MAIDEN NAME <b>Narcissus Reading</b>		14. NAME OF HUSBAND OR WIFE <b>Charles L. Reading</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Anna R. Francis, Louisiana, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Hypertension</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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		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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10-30** to **10-3**, 19**53**, that I last saw the deceased (alive on, **June, 1953**, and that death occurred at **5:30** A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. D. O.</b>		23b. ADDRESS <b>Louisiana, Missouri</b>		23c. DATE SIGNED <b>10-3-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/5/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>Pike Co., Missouri</b>			

DATE REC'D BY LOCAL REG. <b>Oct 5, 1953</b>		REGISTRAR'S SIGNATURE <b>Bernice Collier</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sterne Funeral Home, Louisiana, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

820

2820

0

4222

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 Virginia M. Stearns

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.