S. No. 300
Rev. 10.48

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

FILED NOV 17 1953

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39771

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellsville Mo
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): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montgomery City Mo 0700
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): Luther
b. (Middle): Lee
c. (Last): Reed

4. DATE OF DEATH (Month) (Day) (Year): II-9-1953

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-3-1878
9. AGE (In years last birthday): 75 — If under 1 year: Months 7, Days 6; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Barber
10b. KIND OF BUSINESS OR INDUSTRY: Barber
11. BIRTHPLACE (State or foreign country): Ladonia Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Reed
13b. MOTHER'S MAIDEN NAME: Margrette Smith
14. NAME OF HUSBAND OR WIFE: SusieReed

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.: no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Lee Reed Wellsville 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) Coronary Occlusion — Interval: 1 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis & Nephritis — Interval: 11 years
DUE TO (c) Chronic Rheumatoid Arthritis — Interval: 18 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Edema — Decompensated — Interval: 1 year

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
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* 4-24, 1944, *to* 11-9, 1953, *that I last saw the deceased alive on* 11-8, 1953 *and that death occurred at* 2:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. J. Andersen, M.D.
(Degree or title)
23b. ADDRESS: Montgomery City Mo
23c. DATE SIGNED: 11-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: II-10-53
24c. NAME OF CEMETERY OR CREMATORY: Montgomery City Cem
24d. LOCATION (City, town, or county) (State): Montgomery City Mo

DATE REC'D BY LOCAL REG.: 11-9-53
REGISTRAR'S SIGNATURE: W. S. Romano Jr. 425
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: MONTGOMERY CITY MO

(Licensed Embalmer's Statement on Reverse Side)

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, ~~xxx~~ on the 9 th day of Nov 1953

working under my personal supervision.

Student Embalmer No.....

C. W. Hopkins

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.