

FILED JAN 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **44937**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **190**

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Jay</u>	c. LENGTH OF STAY (In this place) <u>0-5-0</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Clausias City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3.</u>		d. STREET ADDRESS (If rural, give location) <u>143 So Loun.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>S.</u> c. (Last) <u>Reed</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-14-53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-3-1880</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Barber Business</u>	9. AGE (In years last birthday) <u>73</u>
		10. BIRTHPLACE (State or foreign country) <u>Iowa</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Reed</u>	13b. MOTHER'S MAIDEN NAME <u>Anderson</u>	14. NAME OF HUSBAND OR WIFE <u>Grace Reed</u>
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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>487-05-2146</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs James S. Reed</u>	ADDRESS <u>143 So Loun. Clausias City Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 Months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic heart disease</u>		
	ANTECEDENT CAUSES Morbidity 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"/>
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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) <u>4200</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <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 7-14-1953, to 12-14-1953, that I last saw the deceased alive on 12-14-1953, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. P. Binnick M.D.</u>	(Degree or title)	23b. ADDRESS <u>State Hospital # 3.</u>	23c. DATE SIGNED <u>12-14-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-14-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clausias City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clausias City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-6-54</u>	REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edginger Fun. Home, Merader</u>	ADDRESS <u>Merader</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

760-

2026

6203

**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 *Percy F. Milster*

Licensed Embalmer No. 2805

P. O. Address Nevada, Mi

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.