

STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED MAR 29 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 298

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN/rural Campbell Rwspp.)		c. LENGTH OF STAY (in this place) 10 years	c. CITY OR TOWN Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield R.F.D. # 5		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) Springfield R.F.D. # 5			

3. NAME OF DECEASED (Type or Print) a. (First) HELEN	b. (Middle) GERTRUDE	c. (Last) REID	4. DATE OF DEATH (Month) (Day) (Year) March 20, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 21 April 1903
9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.	11. BIRTHPLACE (City and State or Foreign Country) Fenton, Pennsylvania
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY Assembly of God	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fenton Rice	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Albert Reid
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Albert Reid, Rt. 5, Springfield, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Colon ascending, with generalized abdominal metastases.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 10/9/53	19b. MAJOR FINDINGS OF OPERATION Same as above.	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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10/9, 1953**, to **3/20, 1954**, that I last saw the deceased alive on **3/20, 1954**, and that death occurred at **10:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE Chas E. Leckhart M.D. (Degree or title)	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 3/20/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Remove	24b. DATE 21 Mar 1954	24c. NAME OF CEMETERY OR CREMATORY Lamphier Cemetery
24d. LOCATION (City, town, or county) (State) Eldred, Pennsylvania		

DATE REC'D BY LOCAL REG. 3-23-54	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Phineas ADDRESS Springfield, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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SEP 8 1954

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.....
Signature of Student Embalmer

Signed..... *Frederic Thiem*

Licensed Embalmer No. *288*

P. O. Address *Spencer*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.