

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19553**

BIRTH NO. **370 33-54** REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **5667** Registrar's No. **421**

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, give RURAL and give township) Amey Rural		c. CITY OR TOWN Foristell Mo.	
c. LENGTH OF STAY (In this place) 3 hrs.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION LINCOLN CO. MEMO. HOSP.			
e. STREET ADDRESS (If rural, give location) 0570			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) RONNIE	b. (Middle) JEAN		c. (Last) REED		JUNE 17, 1954
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH JUNE 16, 1954		9. AGE (In years last birthday)		10. UNDER 1 YEAR Days	
11. BIRTHPLACE (City and State or Foreign Country) LINCOLN COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? USA		13. UNDER 2 HRS. Hours Min. 2 40	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE			10b. KIND OF BUSINESS OR INDUSTRY NONE		

13a. FATHER'S NAME CHARLES J. REED		13b. MOTHER'S MAIDEN NAME MANDY HAMISON		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Charles J. Reed, Foristell, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Birth Injury (Cerebral)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Breed Delivery			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

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.) 7600		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?	
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22. I hereby certify that I attended the deceased from **9:45** ~~18:54~~ to **12:45**, 19**54**, that I last saw the deceased alive on **12:25**, 19**54** and that death occurred at **12:25** A.M., from the causes and on the date stated above.

23a. SIGNATURE J. C. Reed, M.D.		23b. ADDRESS Foristell, Mo.		23c. DATE SIGNED 6-18-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-18-54		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY	
24d. LOCATION (City, town, or county) (State) WONESBURG, MO.		25. FUNERAL DIRECTOR'S SIGNATURE F.W. Nichols & Co - Warrenton, Mo.			

DATE REC'D BY LOCAL REG. **June 26 1954** REGISTRAR'S SIGNATURE **Emma B. Riddle** 163

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

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 *John Thielburg*.....

Licensed Embalmer No. *389*

P. O. Address *W. Anate*

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.