

FILED AUG 31 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28124

State File No.

BIRTH NO.		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>5638</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Sniabar Twns.)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Shelbyville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>40 miway Mile West of Odessa on</u>				e. STREET ADDRESS (If rural, give location) <u>806 West North First ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nina</u> b. (Middle) <u>E.</u> c. (Last) <u>Reed</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 26, 1954</u>				
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept. 28, 1888</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teacher</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Shelbyville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>/</u>	
13a. FATHER'S NAME <u>Allen B. Reed</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Horn</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lockart & Son, Shelbyville, Ill.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>OF Fr skull & multiple fractures of base of chest & hemorrhage</u> ANTECEDENT CAUSES <u>Injuries sustained in a motor car collision</u> DUE TO (b) <u>Injuries sustained in a motor car collision</u> DUE TO (c) <u>Death was at scene of accident</u> II. OTHER SIGNIFICANT CONDITIONS <u>JE 8104 20</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>NO surgery</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No. 40 Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Odessa Lafayette Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 26 1954 9:22 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Motor Car Collision</u>			
22. I hereby certify that I attended the deceased from <u>after death</u> to <u>Aug 26</u> , 19 <u>54</u> , that I last saw the deceased <u>alive on</u> <u>10</u> , and that death occurred at <u>9:22 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Martin D. Corbin</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>Odessa Mo.</u>		23c. DATE SIGNED <u>8-26-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 27, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbyville, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 26-1954</u>		REGISTRAR'S SIGNATURE <u>Emma Davidson</u> <u>453</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Husman-Sparks</u>		ADDRESS <u>Odessa, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0540

OCT 15 1954

SEP 14 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 *William T. Sporko*

Licensed Embalmer No. # *42*

P. O. Address *Odessa*

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.