

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**31499**

State File No. \_\_\_\_\_

No. 300  
10-48

**FILED OCT 8 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3566 Registrar's No. 217

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)		
a. COUNTY <u>Randolph</u>			a. STATE <u>Missouri</u>		b. COUNTY <u>Randolph</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly Mo</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higbee Mo</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>0880</u>		

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <u>William</u>	b. (Middle)	c. (Last) <u>Reed.</u>	(Month) <u>Sept</u>	(Day) <u>23</u>	(Year) <u>1954</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>May 17 1889</u>		<b>9. AGE</b> (In years last birthday) <u>65</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Barber</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Randolph Co</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b>

<b>13a. FATHER'S NAME</b> <u>Thornton Reed</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Blansett</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Jennie Reed</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs Jennie Reed</u>	<b>ADDRESS</b> <u>Higbee Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*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>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>6 hrs</u>  <u>Unknown</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Hypostatic Pneumonia</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Carcinoma Prostate</u>  DUE TO (c)		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>177X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** Moberly, 1954, to Sept 23, 1954, that I last saw the deceased alive on Sept 23, 1954, and that death occurred at 1:36 P. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Benj. J. Jolly</u>	(Degree or title) <u>20</u>	<b>23b. ADDRESS</b> <u>4 Moberly Mo</u>	<b>23c. DATE SIGNED</b> <u>9/25/54</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Sept 26 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>City</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Higbee Mo</u>

<b>DATE REC'D BY LOCAL REG.</b> <u>9/26/54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Caroline A. Lane</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Burton Funeral Home</u>	<b>ADDRESS</b> <u>Higbee Mo</u>
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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 .....  
Student Embalmer

Signed *W. H. Richmond*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.