

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10939

State File No.

FILED APR 27 1955

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberal</u>		c. CITY OR TOWN <u>Liberal</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 yrs</u>		f. STREET ADDRESS (If rural, give location) <u>00609</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ANNA</u>	b. (Middle) <u>GENNETTE</u>	c. (Last) <u>REED</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 18 1955</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 27 1872</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Barton County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Anthony Gilmartin</u>	13b. MOTHER'S MAIDEN NAME <u>Jane White</u>	14. NAME OF HUSBAND OR WIFE <u>Fred Reed</u>
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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) <u>XXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lorna Farnner, Liberal, Mo.</u>	ADDRESS <u>Liberal, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	ANTECEDENT CAUSES <u>Thrombotic Encephalomalacia and Prolonged Recumbency</u>		
	DUE TO (b) <u>Arterio sclerosis</u>		
DUE TO (c) <u>Intractable Contact Dermatitis</u>		<u>3 yrs.</u>	
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)
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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 May 9, 1954, to April 17, 1955, that I last saw the deceased alive on Apr. 17, 1955, and that death occurred at 3:00a. m., from the causes and on the date stated above. (1955)

23a. SIGNATURE <u>M. H. Kneeland, D.O.</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Liberal, Missouri</u>	23c. DATE SIGNED <u>4-20-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Apr 20 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barton City</u>	24d. LOCATION (City, town, or county) (State) <u>Barton County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>April 20, 1955</u>	REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>	420-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Konantz Funeral Home, Lamar, Missouri</u>	ADDRESS
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WRITE PLAINLY—USING UNFAADING 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 *Norman L. Thompson*.....

Licensed Embalmer No.. *4816*..

P. O. Address *Lanier, Mo.*.....

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.