

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21565

State File No.

No. 300
10.48

FILED JUL 25 1955

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4138
#138

Registrar's No. 51

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLINTON</u>			
b. CITY (If outside corporate limits write RURAL and give township) <u>LATHROP</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY OR TOWN <u>LATHROP</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 HOSPITAL OR INSTITUTION <u>Her Home</u>				e. STREET ADDRESS (If rural, give location) <u>Her Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OTILIA</u>		b. (Middle) <u>GERTRUDE</u>		c. (Last) <u>REED</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 15 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 6, 1876</u>		9. AGE (years last birthday) <u>79</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>TIFFON - OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Gross</u>		13b. MOTHER'S MAIDEN NAME <u>OTILIA GIESMAN</u>		14. NAME OF HUSBAND OR WIFE <u>FRANKLIN P. REED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MR. HERALD WARREN CHRIST, TOK</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		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) <u> </u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>			
22. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ott F. Reisman</u>		(Degree or title) <u>DO.</u>		23b. ADDRESS <u>Lathrop Mo</u>		23c. DATE SIGNED <u>July 16 55</u>	
24a. BURIAL: CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-17-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lathrop Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lathrop - MO</u>	
DATE REC'D BY LOCAL REG. <u>7-22-55</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CRUNK</u>		ADDRESS <u>CAMERA MO</u>	

**CORONER
CLINTON CO. MO.**

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.....

Licensed Embalmer No. 253

P. O. Address Cannon

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.