

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26718**

BIRTH NO. 50887-55 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WEBB CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WEBB CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JANE CHINN HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>123 WEST DAUGHTERY</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GEORGE</u>	b. (Middle) <u>RAYMOND</u>	c. (Last) <u>REEDER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 26 1955</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>AUGUST 26, 1955</u>	9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Days <u>0</u> IF UNDER 12 HRS. Min. <u>30</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>WEBB CITY, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>PHILLIP RAYMOND REEDER</u>	13b. MOTHER'S MAIDEN NAME <u>BETTY RUTH IVY</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>PHILLIP RAYMOND REEDER</u>	ADDRESS <u>CARTERVILLE, MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PREMATURITY - SWEETS</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) <u>EXPIRED 30' AFTER BIRTH</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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) <u>776x</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 BIRTH, 1955, to 8-26-, 1955, that I last saw the deceased alive on 8-26-, 1955, and that death occurred at 8:20 PM., from the causes and on the date stated above.

23a. SIGNATURE <u>J.M. Pence</u>	(Degree or title) <u>DO A</u>	23b. ADDRESS <u>CARTERVILLE, MO</u>	23c. DATE SIGNED <u>8/27/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8/27/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ORONOGO CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ORONOGO MO</u>
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DATE REC'D BY LOCAL REG. <u>8-29-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGE-LEWIS FUNERAL HOME</u>	ADDRESS <u>WEBB CITY, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 25-4-111-600
Date Filed SEP 5-1955

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 Samuel Lewis Jr

Licensed Embalmer No. 4561

P. O. Address W. City Mo

*did not embalm through
refrigeration system*

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