

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1955

State File No. **29052**
992
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>							
b. CITY (If outside corporate limits, write RURAL and give town) <u>St Joseph</u>		c. LENGTH OF STAY (in this place) <u>8y 3m 25d</u>		c. CITY OR TOWN <u>St Joseph</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>State Hospital No 2</u>				e. STREET ADDRESS (If rural, give location) <u>1401 Julia St.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle)		c. (Last) <u>Reedy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 4 - 1955</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>not given</u>		9. AGE (In years last birthday) <u>abt 80</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Reborn</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>not given</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>not given</u>			13b. MOTHER'S MAIDEN NAME <u>not given</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>					
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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>County Court, St Jo, Mo</u>				ADDRESS			
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>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) <u>4221</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Senile Psychiasis</u>				19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)							
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?							
22. I hereby certify that I attended the deceased from <u>Sept 4</u> , 19 <u>55</u> , to <u>Sept 4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Sept 4</u> , 19 <u>55</u> , and that death occurred at <u>11:30 P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Garrett Thomas MD</u>				23b. ADDRESS <u>St Joseph Mo State Hosp No 2</u>		23c. DATE SIGNED <u>9/5-55</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/11/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kirkville College</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkville, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>Sept 19, 1955</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>485-2</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark Funeral Home</u> ADDRESS <u>St. Joseph, Mo.</u>							

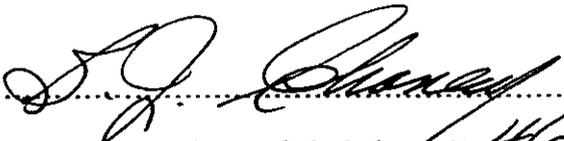
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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. 467.....

P. O. Address 

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.