

FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29275

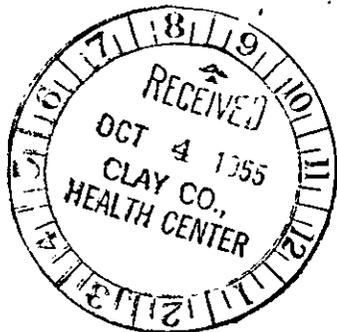
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>5288</u>		Registrar's No. <u>93</u>			
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Excelsior Springs</u>		c. LENGTH OF STAY (In this place) <u>hour</u>		c. CITY OR TOWN <u>Claycomo</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>Rural</u>				f. STREET ADDRESS (If rural, give location) <u>458 E. 69 Highway</u>					
3. NAME OF DECEASED (Type or Print) <u>FREDRICK WARREN REED</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>Sept. 28, 1955</u>		(Month)		(Day)		(Year)			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 1, 1911</u>		9. AGE (In years last birthday) <u>44</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Federal Mogul</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Collins, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>F. C. Reed</u>			13b. MOTHER'S MAIDEN NAME <u>Bessie Elliott</u>			14. NAME OF HUSBAND OR WIFE <u>Ethel Reed</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		(If yes, give war or dates of service) <u>WWII</u>		16. SOCIAL SECURITY NO. <u>470-09-3614</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alice Samborski</u>		ADDRESS <u>Claycomo, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>							
		ANTECEDENT CAUSES							
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
		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.							
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) (Min.)		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 _____, 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>D. J. Pate</u>				(Degree or title)		23b. ADDRESS <u>North Kansas City, Mo.</u>		23c. DATE SIGNED <u>9/29/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct. 3, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ft. Leavenworth, Kansas</u>			
DATE REC'D BY LOCAL REG. <u>10-1-55</u>		REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Barney Fernald</u>		ADDRESS <u>Liberty, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

6-20-55



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. *4308*

P. O. Address *Liberty, 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.