

FILED MAR 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5393

State File No.

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 37

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) OR TOWN <u>Webb City</u>		c. LENGTH OF STAY (in this place) <u>12 Yrs.</u>	c. CITY OR TOWN <u>Webb City</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>1417 W. Nelson St.</u>		<u>84920</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Leta</u>	b. (Middle)	c. (Last) <u>Reed</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-16-1894</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR (Months) <u>2</u> (Days) <u>10</u>	IF UNDER 24 HRS. (Hours) (Min.)
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>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Tushimango, Okla.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Finis Testerment</u>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <u>Isaac W. Reed</u>
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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. <u>483-87-7487</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Heuston Reed</u>	ADDRESS <u>1417 Nelson St. Webb City, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pulmonary Edema</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Arteriosclerosis</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 <u>4201</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 2-21, 1956, to 2-26, 1956, that I last saw the deceased alive on 2-26, 1956, and that death occurred at 2:55A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mrs. Wells-Lake</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>924 W. Daugherty St. Webb City, Mo.</u>	23c. DATE SIGNED <u>2-27-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-29-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-28-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Surtzer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston-Arnce-Simpson</u> ADDRESS <u>Webb City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 5 1956

Jasper County Health Office

County File Number 56-3-202

Date Filed MAR 5 1956

MAR 13 1956

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 Jack C. Simpson

Licensed Embalmer No. 464

P. O. Address Webb City

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.