

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23032**

FILED AUG 6 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **363-**

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

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY OR TOWN <b>Cape Girardeau</b> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <b>Cape Girardeau</b> <small>(If rural, give location)</small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1016 S Sprigg</b>		e. STREET ADDRESS <b>1016 S Sprigg</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lillie</b>		b. (Middle) <b>Reed</b>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>7-28-1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 10 1875</b>
9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR: Months <b>9</b> Days <b>18</b>	IF UNDER 12 HRS. Hour _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cape Girardeau Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Otto Fredrick</b>	13b. MOTHER'S MAIDEN NAME <b>Augusta Bohmsack</b>	14. NAME OF HUSBAND OR WIFE <b>Mr H.J Reed, Cape Gir.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. H J Reed, Cape Gir Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension (Essential)</b> ANTECEDENT CAUSES <b>Cerebral hemorrhage</b> DUE TO (b) _____ DUE TO (c) _____ 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 <b>331x</b>	
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) 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 <b>5/1</b> , 19 <b>49</b> to <b>7/28</b> , 19 <b>56</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>12:25 p.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>D B Elrod MD</b> (Degree or title)		23b. ADDRESS <b>Cape Girardeau Mo 7/30/56</b>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-30-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lormier</b>	24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo.</b>
DATE REC'D BY LOCAL REG. <b>7-31-56</b>	REGISTRAR'S SIGNATURE <b>Lo C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Brinkopf Howells</b> ADDRESS <b>Cape Gir Mo.</b>	

AUG 17 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... *W. H. Estes* .....

Licensed Embalmer No. *356*

P. O. Address *Cape Girardeau*

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.