

No. 300  
10. 48

FILED AUG 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25732

State File No. ....

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4505 Registrar's No. 17

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>STOODARD.</u>  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <u>MO.</u> b. COUNTY <u>Stoddard</u> |   |  |
| b. CITY OR TOWN <u>BELL CITY</u>   |  | c. LENGTH OF STAY (in this place) <u>6 months</u>                                 | c. CITY OR TOWN <u>CARDWELL BELL CITY, MO.</u>  |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shelley Nursing Home</u>  |  |   | e. STREET ADDRESS (If rural, give location) <u>0351</u>   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>ROBERT</u>   |  |   | a. (First) <u>L.</u>  | b. (Middle) <u>REED.</u>                          | c. (Last) <u>REED.</u>   |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>7-14-56</u>   |  |   |   |   |  |
| 5. SEX <u>M.</u>   | 6. COLOR OR RACE <u>WHITE</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>             | 8. DATE OF BIRTH <u>Oct. 11-1882</u>  | 9. AGE (in years last birthday) <u>74</u>         | 10. <input type="checkbox"/> UNDER 1 YEAR Months <u>8</u> Days <u>4</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST.</u>  | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and State or Foreign Country) <u>AKIN, ILL.</u>              |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>        |  |
| 13a. FATHER'S NAME <u>MORSE, REED.</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>ELVIRA SUMMERS</u>                                   |   | 14. NAME OF HUSBAND OR WIFE <u>Mr. Ella Reed.</u> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>   | 16. SOCIAL SECURITY NO. <u>376-07-3549</u>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C. S. Reed, No. Bell City, MO.</u>   |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  |   | MEDICAL CERTIFICATION   |   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>   |  |   | INTERVAL BETWEEN ONSET AND DEATH  |   |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  |   | II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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 <u>July 9</u> , 19 <u>56</u> , to <u>July 14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>July 9</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above. |  |   |   |   |  |
| 23a. SIGNATURE <u>E. C. Masters</u>  |  |   | 23b. ADDRESS <u>Box 4 Advance, Mo.</u>  |   | 23c. DATE SIGNED <u>July 25, 1956</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>  | 24b. DATE <u>7-16-56</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>pleasant Hill Cemetery - Bell City, Mo.</u> |   | 24d. LOCATION (City, town, or county) (State)     |  |
| DATE REC'D BY LOCAL REG. <u>2/25/56</u>  | REGISTRAR'S SIGNATURE <u>Bernice Moore</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Coys Shelley Bell City, Mo.</u>   |   |  |

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

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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 *Raymond L. Duffin*.....

Licensed Embalmer No... 479...

P. O. Address... *Bernie, N.J.*

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.