0.300
0.48

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35003

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 188

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rolla
c. LENGTH OF STAY (in this place) 2-wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Phelps County Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri.
b. COUNTY Maries
c. CITY OR TOWN Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) R.F.D. Belle, Mo.

3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) Arthur c. (Last) Reed

4. DATE OF DEATH (Month) (Day) (Year) Oct 7 - 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 1 - 1886
9. AGE (In years last birthday) 70 yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Reed
13b. MOTHER'S MAIDEN NAME Eliza Shaggs
14. NAME OF ~~HUSBAND~~ OR WIFE Ida (Bullock) Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs Ida Reed - Belle - Mo 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative heart disease — INTERVAL BETWEEN ONSET AND DEATH 5 yr.

ANTECEDENT CAUSES
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. Strangulated inguinal hernia c̄ necrosis of two loops of ileum .4222 — 15 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 23, 1956, *to* Oct 7, 1956, *that I last saw the deceased alive on* Oct 7, 1956 *and that death occurred at* 3:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE E. W. Stricker MO (Degree or title)
23b. ADDRESS St James Mo
23c. DATE SIGNED 10-10-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-9-56
24c. NAME OF CEMETERY OR CREMATORY Shaggs Cemetery
24d. LOCATION (City, town, or county) (State) Maries County - Mo

DATE REC'D BY LOCAL REG. Oct. 10, 1956
REGISTRAR'S SIGNATURE Nadine L. Stoll
25. FUNERAL DIRECTOR'S SIGNATURE Sassmann's Funeral Service Chester Sassmann ADDRESS Belle - Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Phelps County Health Officer,
County File Number 549
Date Filed OCT 15 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chester Sassmann

Licensed Embalmer No. 4

P. O. Address Bland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.