FILED NOV 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37780
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 309

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Clinton — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 509 N Washington — Length of stay in Institution: life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Henry
c. CITY OR TOWN: Clinton — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 509 N Washington — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: HENRY Middle: – Last: REED

4. DATE OF DEATH: Month: NOV Day: 11 Year: 1956

5. SEX: Male **6. COLOR OR RACE**: Negro **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** X **DIVORCED** ☐

8. DATE OF BIRTH: Aug 4 1859 **9. AGE** (In years last birthday): 97 — IF UNDER 1 YEAR: Months 3, Days 7 — IF UNDER 24 HRS.: Hours –, Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Henry County Missouri
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Lafayette Reed
14. MOTHER'S MAIDEN NAME: Mary Reed

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: W H Reed Address: Clinton Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH:
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bronchopneumonia — 3 wks
DUE TO (c): Malnutrition & Avitaminosis — 6 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 2865

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-10-56, to 11-11-56 and last saw her/him alive on 11-11-56
Death occurred at 9:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Clinton L. Glespy, D.O.
22b. ADDRESS: 105 E. Ohio Clinton, Mo
22c. DATE SIGNED: 11-18-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/15/56
23c. NAME OF CEMETERY OR CREMATORY: Antioch
23d. LOCATION (City, town, or county) (State): Clinton Mo.

24. FUNERAL DIRECTOR: SCHABERG FUNERAL HOME ADDRESS: Clinton Mo.
214 SO. SECOND PH. 454
25. DATE RECD. BY LOCAL REG.: 11-15-56
26. REGISTRAR'S SIGNATURE: Mildred Bizzum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

5210

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.....

Licensed Embalmer No. 45

P. O. Address. Clint

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.