

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **41938**

FILED DEC 27 1956

|  |  |  |   |  |  |   |                                  |
|--|--|--|---|--|--|---|----------------------------------|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>155</u>  |   | PRIMARY REG. DIST. NO. <u>4246</u>   |  | Registrar's No. <u>185</u>  |                                  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> |  |   |                                  |
| b. CITY OR TOWN <u>Carl Junction</u>   |  | c. LENGTH OF STAY (in this place) <u>40 Yrs</u>  |   | c. CITY OR TOWN <u>Carl Junction</u>   |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>610 So. Joplin Street</u>   |  |  |   | e. STREET ADDRESS (If rural, give location) <u>610 So. Joplin Street</u> <span style="float: right;">0490</span>                           |  |   |                                  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>ORA</u> b. (Middle) <u>PEARL</u> c. (Last) <u>REEDER</u>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-14-1956</u> |  |  |   |                                  |
| 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>White</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  |  | 8. DATE OF BIRTH <u>3-19-1892</u>   |                                  |
| 9. AGE (In years last birthday) <u>64</u>  |  | IF UNDER 1 YEAR Months _____ Days _____  |   | IF UNDER 1 HR. 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>Home</u>  |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Appelman, Arkansas</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>  |                                  |
| 13a. FATHER'S NAME <u>Carter Harrove</u>   |  |  | 13b. MOTHER'S MAIDEN NAME <u>Clare Jane Morgan</u>      |  |  | 14. NAME OF HUSBAND OR WIFE <u>Ollie S. Reeder</u>  |                                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No.</u>  |  | 16. SOCIAL SECURITY NO. <u>192-28-9216</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Ollie S. Reeder, Carl Junction, Mo.</u> ADDRESS _____   |  |   |                                  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION  |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular fibrillation</u>   |  | DUETO (b) <u>Arteriosclerotic heart disease</u>  |   |  |  |   | <u>minutes</u>                   |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  |  | DUETO (c) _____  |   |  |  |   | <u>6 years</u>                   |
| 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? 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) <u>4200</u>  |  |   |                                  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____  |  | 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>4-9</u> , 19 <u>52</u> , to <u>12-14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12-14</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above. |  |  |   |  |  |   |                                  |
| 23a. SIGNATURE (Degree or title) <u>Oran S. Reeder MD</u>  |  |  |   | 23b. ADDRESS <u>Wells City Mo</u>  |  | 23c. DATE SIGNED <u>12-15-56</u>  |                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>12-20-56</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Missouri</u>  |                                  |
| DATE REC'D BY LOCAL REG. <u>12-17-56</u>   |  | REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Dot Owen</u>   |  | ADDRESS <u>Carl Junction, Mo.</u>   |                                  |

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 56-12-1009  
Filed DEC 20 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 Harry E. Lane  
\_\_\_\_\_

Licensed Embalmer No. 446

P. O. Address West 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.