FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 6548

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1371

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL Length of stay in 1b 04

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Montgomery
c. CITY OR TOWN Montgomery City Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 0700 3/ Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First BUFORD Middle ALLEN Last REED, SR.

4. DATE OF DEATH Month FEB Day 10 Year 1957

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 2

8. DATE OF BIRTH 11-14-1883

9. AGE (In years last birthday) 73

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) deputy clerk

10b. KIND OF BUSINESS OR INDUSTRY City office

11. BIRTHPLACE (City and state or country) Middletown, Mo. 0

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Elton Reed

14. MOTHER'S MAIDEN NAME Mary Jones

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. unknown

17. INFORMANT Address Warren Reed, Ferguson, 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) MYOCARDIAL INFARCTION
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS OF CORONARY ARTERIES — INTERVAL BETWEEN ONSET AND DEATH: MANY YRS.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420-1

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 JULY 22, 1954 to FEB. 10, 1957 and last saw her/him alive on FEB. 10, 1957
Death occurred at 5:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. D. Vermillion M.D. (Degree or title) M. D. 0

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 2/11/57

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 2-10-57

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State) Montgomery City, Mo.

24. FUNERAL DIRECTOR ADDRESS Schlanker, Montgomery City, Mo.

25. DATE RECD. BY LOCAL REG. FEB 11 '57

26. REGISTRAR'S SIGNATURE Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

NOV 21 1958

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.....Homer W. Dritz

Licensed Embalmer No.....

P. O. Address.....St. Lo

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.