

FILED JUL 8 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20834

BIRTH NO. _____		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 5483		Registrar's No. 15		
1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY Harrison				
b. CITY OR TOWN Bethany, Mo Rural		c. LENGTH OF STAY (in this place) 2 months		c. CITY OR TOWN Gilman City				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS 0410 (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) Myrtle			c. (Last) Reed		
4. DATE OF DEATH		(Month) 6		(Day) 28		(Year) 1957		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH 3-19-1885		
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Harrison County, Mo		
12. CITIZEN OF WHAT COUNTRY U.S.A.			13a. FATHER'S NAME Andrew House		13b. MOTHER'S MAIDEN NAME Hattie Alder's Everette Reed		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or known) No			16. SOCIAL SECURITY NO. NONE			17. INFORMANT'S SIGNATURE OR NAME Hattie Mae Picher		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas and stomach. 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. 1998				INTERVAL BETWEEN ONSET AND DEATH 2 years.	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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) (Minute)		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 June 10, 1956, to June 28, 1957, that I last saw the deceased alive on June 27, 1957, and that death occurred at 12:15 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. B. Bailey, D.O.				23b. ADDRESS 2 Jamesport Mo.		23c. DATE SIGNED 7-1-57.		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-29-1957		24c. NAME OF CEMETERY OR CREMATORY Pilot Grove #1		24d. LOCATION (City, town, or county) (State) near Gilman City Mo		
DATE REC'D BY LOCAL REG. 7-1-57		REGISTRAR'S SIGNATURE Della Mayer			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. B. Shaw Bethany Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

547  
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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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3899

P. O. Address Bethany Mo

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 this body is not embalmed, fact should be so stated above.