

FILED AUG 22 1957

## STANDARD CERTIFICATE OF DEATH

57027650  
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 5136 Registrar's No. 500

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived; if institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Beaver Dam Twship.</b>		Inside Limits OR Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY <b>Beaver Dam Twp.</b> OR TOWN <b>Lone Hill Comm.</b>		Inside Limits OR Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Off Hwy. F, Lone Hill Comm.</b>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>None</b>
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
First <b>Harold</b> Middle <b>H.</b> Last <b>Reed</b>			Month <b>Aug.</b> Day <b>10,</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 23, 1899</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>11</b> Hours <b>11</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pipe Line Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Warrensburg, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>David Ballard Reed</b>			14. MOTHER'S MAIDEN NAME <b>Florence Elizabeth Cline</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW 11</b>		16. SOCIAL SECURITY NO. <b>352-10-4672</b>	17. INFORMANT <b>Elmer Reed, Marshall, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Traumatism Head</b> DUE TO (b) <b>shot gun</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(n) <b>976x</b>					INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>shot himself in head with a shotgun</b>			
20c. TIME OF INJURY Hour <b>1:45</b> Month <b>Aug</b> Day <b>10</b> Year <b>1957</b> p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>farm</b>	20f. CITY, TOWN, OR LOCATION <b>Beaver Dam Twp</b>		COUNTY <b>Butler</b> STATE <b>MO</b>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>1:45 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Grover W Green</b> (Degree or title)			22b. ADDRESS <b>Poplar Bluff Mo</b>		22c. DATE SIGNED <b>8/12-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>Removal</b>	<b>8-11-57</b>	<b>Sun Set Memorial Cem.</b>		<b>Marshall, Mo.</b>	
24. FUNERAL DIRECTOR <b>Frank-Cotrell Poplar Bluff, Mo.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>8/14/57</b>	26. REGISTRAR'S SIGNATURE <b>R. H. Murrell</b>

(Licensed Embalmer's Statement on Reverse Side)

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED  
AUG 19 1957

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

AUG 22 1957

AUG 27 1957

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *Charles E. Mungle*

Licensed Embalmer No. *48*

P. O. Address *Poplar Bl*

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.