

STANDARD CERTIFICATE OF DEATH

43180

FILED DEC 3 - 1957

STATE FILE NUMBER

Registration District No. 325

Primary Registration District No. 6095

Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fabius</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Lancaster, Mo. 64506</u> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>Fabius Township</u>	
3. NAME OF DECEASED (Type or print) <u>William Wesley Reed</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>25</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 17, 1876</u>	
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Scotland - Co.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>				13. FATHER'S NAME <u>John Washington Reed</u>			
14. MOTHER'S MAIDEN NAME <u>Nancy Melvins Cox</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>			
16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT <u>Russell Reed - Lancaster, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary occlusion</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u>							
DUE TO (c) <u>4201</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Influenza</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>a. m.</u> Month <u>Day</u> Year <u>Month</u>				20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>7-13-57</u> to <u>11-25-57</u> and last saw <u>her</u> alive on <u>11-25-57</u> Death occurred at <u>7:45 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>H. R. Stoker, M.D.</u>				22b. ADDRESS <u>Lancaster, Mo.</u>		22c. DATE SIGNED <u>11-28-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>11/27/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Arnie Memorial</u>		23d. LOCATION (City, town, or county) (State) <u>Lancaster, Missouri</u>	
24. FUNERAL DIRECTOR <u>Norman Funeral Home Lancaster, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11.25.57</u>		26. REGISTRAR'S SIGNATURE <u>Wm. B. J. Drake</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

David E. Foster

Licensed Embalmer No. 4742

P. O. Address *Kirkville,*

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.