

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43303

STATE FILE NUMBER

FILED NOV 25 1957

Registration District No. 359 Primary Registration District No. 6330 Registrar's No. 22

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bronough Harrison</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Bronough 1080</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RR</u>		Length of stay in lb <u>50 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>RR</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Pharoah Henry William Reed</u>			4. DATE OF DEATH Month Day Year <u>Nov. 19 1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>14 Feb 1860</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm mng</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ag-1001 ruce</u>	9. AGE (In years last birthday) <u>97</u> FUNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11a. FATHER'S NAME <u>Phillip Reed</u>		11b. MOTHER'S MAIDEN NAME <u>Emily Bary</u>	11. BIRTHPLACE (City and state or country) <u>Unknown Missouri</u>
12a. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		12b. SOCIAL SECURITY NO. <u>NONE</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Probably Chancy Occlusion</u>		14. NAME OF HUSBAND OR WIFE <u>Alice English</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) <u>4201</u>		15. INFORMANT Address <u>Lillie Wilson Frontenac Kansas</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).		19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Richard H. Storten (Coroner)</u>		22b. ADDRESS <u>Nevada - Mo.</u>	
22c. DATE SIGNED <u>11-19-57</u>		22d. LOCATION (City, town, or county) (State) <u>Nevada, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>20 Nov</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Pk</u>		23d. LOCATION (City, town, or county) (State) <u>Nevada, Mo.</u>	
24. FUNERAL DIRECTOR <u>Richard H. Storten</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 23 1957</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs Ruth FAITH</u>		26. REGISTRAR'S SIGNATURE	

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 *Lloyd C. McLeod* .....

Licensed Embalmer No. *4853* .....

P. O. Address *Florida, Me.* .....

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.