

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010881  
STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 72

300  
-57

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1. PLACE OF DEATH a. COUNTY Osage			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller 0661		
b. CITY (If outside corporate limits, give TOWNSHIP only) Linn		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Eldon		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manor Nursing Home		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 112 W. 1st.		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last GRACE ANTOINETTE REED			4. DATE OF DEATH Month Day Year Mar. 26, 1958		
5. SEX Female/	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 10, 1897	9. AGE (In years Last birthday) 61	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Bartlett		13b. MOTHER'S MAIDEN NAME Leona Tracy		14. NAME OF HUSBAND OR WIFE Robert J. Reed	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-44-1411	17. INFORMANT Leonard Reed		Address Eldon, Missouri
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>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Diabetes Mellitus</u> 260X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
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.) 2		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <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 <u>Mar 15</u> 9:30 P.M. to <u>Mar 26</u> and last saw her/him alive on <u>Mar 26, '58</u> 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>Thomas W. Baldwin D.O.</u>			22b. ADDRESS <u>Linn</u>		22c. DATE SIGNED <u>3/29/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 29-58	23c. NAME OF CEMETERY OR CREMATORY Eldon		23d. LOCATION (City, town, or county) (State) Eldon, Missouri
24. FUNERAL DIRECTOR <u>Louis D. Phillips</u>		ADDRESS <u>Eldon, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4/2/58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. T.A. Dubrouillet</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature. All diseases in Part I must be causally related.

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 *Louis J. Phillips* .....

Licensed Embalmer No. *3663* .....

P. O. Address *bedon* .....

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.