S. No. 300
v. 10.48

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

58-017401
State File No.

FILED JUN 9 1958 BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 565

**1. PLACE OF DEATH**
a. COUNTY BUCHANAN
b. CITY OR TOWN St. Joseph
c. LENGTH OF STAY (in this place) 7 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Holt
c. CITY OR TOWN Forest City 0440 0
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED** (Type or Print)
a. (First) Teresa
b. (Middle) Wilhemina
c. (Last) Reed

**4. DATE OF DEATH** (Month) May (Day) 28 (Year) 1958

**5. SEX** Female 1
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed 2
**8. DATE OF BIRTH** June 21 1866
**9. AGE** (In years last birthday) 91 | 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** At Home
**11. BIRTHPLACE** (City and State or Foreign Country) Herman Mo. 0
**12. CITIZEN OF WHAT COUNTRY?** U. S.

**13a. FATHER'S NAME** Carl Hurst
**13b. MOTHER'S MAIDEN NAME** Amelia ------
**14. NAME OF HUSBAND OR WIFE** George Reed

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME** S. B. Reed **ADDRESS** Napier Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

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.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 4500
**20. AUTOPSY?** 2 YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* May 28, 1958, *to* May 28, 1958, *that I last saw the deceased alive on* May 28, 1958, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

**23a. SIGNATURE** [signature] **(Degree or Title)** MD **23b. ADDRESS** 902 Edmond **23c. DATE SIGNED** 5/29/58

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** 6-31-58
**24c. NAME OF CEMETERY OR CREMATORY** Forest City
**24d. LOCATION** (City, town, or county) Forest City (State) Mo.

**DATE REC'D BY LOCAL REG.** May 29 1958
**REGISTRAR'S SIGNATURE** Mrs. Clark Hodell
**25. FUNERAL DIRECTOR'S SIGNATURE** James A. Pettijohn **ADDRESS** Oregon Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

5540

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James H Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.