

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017527
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 53 Primary Registration District No. 4077 Registrar's No. 328

3. 300
1-57

1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kurreville, Mo. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kurreville Mo 01600 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location), HOSPITAL OR INSTITUTION R. Near Millersville, Mo. Length of stay in lb 8yrs		d. STREET ADDRESS (If outside, give location) R# Near Millersville Mo Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Ernest Middle Reed Last			4. DATE OF DEATH Month May, Day 19, Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan, 29, 1888
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		9b. KIND OF BUSINESS OR INDUSTRY Building	9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and state or country) Pomona Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME F.L. Reed	
13a. FATHER'S NAME F.L. Reed		13b. MOTHER'S MAIDEN NAME Charlotte Johnson	
14. NAME OF HUSBAND OR WIFE Maude Taylor 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. 486-14-3783		17. INFORMANT Address Maude Reed Millersville Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 4200 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 5-6-60
19. WAS AUTOPSY PERFORMED? 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	
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 12/13/57 to 5/19/58 and last saw him alive on May 17, 1958 Death occurred at 9:45 Pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Gerald M. Hoxworth M.D.		22b. ADDRESS 24 N. Sprigg Cape Gir., Mo	
22c. DATE SIGNED No 5-21-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 5/22/58		23c. NAME OF CEMETERY OR CREMATORY Old Salum Cem	
23d. LOCATION (City, town, or county) Kurreville Mo.		(State)	
24. FUNERAL DIRECTOR L.L. Haman Cape Girardeau Mo		25. DATE RECD. BY LOCAL REG. May 23, 1958	
26. REGISTRAR'S SIGNATURE Mrs. Homer E. Cooper			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUL 14 1958

JUL 6 1958

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 *A. J. Hanna*

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.