Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-018654

STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 245

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Independence — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Indep. Hospital — Length of stay in 1b: 5 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Independence — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1308 North Osage — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Emma Middle: Catherine Last: Reed

4. DATE OF DEATH: Month: June Day: 2 Year: 1958

5. SEX: Female **6. COLOR OR RACE**: white **7. MARITAL STATUS**: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ **8. DATE OF BIRTH**: Aug-15-1880 **9. AGE** (In years last birthday): 77 — 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**: Domestic **11. BIRTHPLACE** (City and state or country): Durant - Iowa **12. CITIZEN OF WHAT COUNTRY?**: USA

13a. FATHER'S NAME: Peter Greenwald **13b. MOTHER'S MAIDEN NAME**: Margaretha Hanson **14. NAME OF HUSBAND OR WIFE**: Fred 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**: Grace Emma Jennell — Address: Indep

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary occlusion (thrombosis) — 7 days
DUE TO (c) Atherosclerotic coronary artery dis. — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertension 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **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 11-1-57, to 6-2-58 and last saw her alive on 6-1-58
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): Norman Makous M.D. **22b. ADDRESS**: 10901 Winner Independ. **22c. DATE SIGNED**: 6-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal **23b. DATE**: June-4-1958 **23c. NAME OF CEMETERY OR CREMATORY**: Greenwood Cemetery **23d. LOCATION** (City, town, or county) (State): Muscatine, Iowa

24. FUNERAL DIRECTOR: Roland R. Speaks **ADDRESS** **25. DATE RECD. BY LOCAL REG.**: 6-4-58 **26. REGISTRAR'S SIGNATURE**: James L. Gray

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

JUN - 8 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 Dave Miller

Licensed Embalmer No. 4783

P. O. Address Indep. Mo.

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.