

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018735

STATE FILE NUMBER

ED MAY 16 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN 04.5 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1405 E. 16TH ST.		Length of stay in 1b 40 YRS	d. STREET ADDRESS (If outside, give location) 1405 E. 16TH ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last PAULINE THOMSON REED			4. DATE OF DEATH Month Day Year APRIL 29, 1958		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 19, 1910	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REGISTERED NURSE	10b. KIND OF BUSINESS OR INDUSTRY NURSING	11. BIRTHPLACE (City and state or country) JOPLIN, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME CHARLES F. THOMSON	13b. MOTHER'S MAIDEN NAME MARY JOHNSTON	14. NAME OF HUSBAND OR WIFE W. A. REED, DEC'D 4-8-53
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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. BRO-	17. INFORMANT Address TERRILL THOMSON, MT. VERNON, ILL.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary atherosclerosis fatal		INTERVAL BETWEEN ONSET AND DEATH Instantaneous
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	4201
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Was under care of Dr. Koshler for angina and coronary heart disease		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour 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
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21. I attended the deceased from Death occurred at _____ and last saw her alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. E. Merriman (Degree or title) 3 W. E. Merriman, Board of Health, Jasper County, Mo.	22b. ADDRESS Med. Bldg. Bldg. Joplin	22c. DATE SIGNED 5-1-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-2-58	23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK CEMETERY,	23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI
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24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.	25. DATE RECD. BY LOCAL REG. 5-9-1958	26. REGISTRAR'S SIGNATURE Dove Merriman
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

County File Number 58-2-400
Date Filed MAY 13 1957

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin, 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.