

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022444

STATE FILE NUMBER

FILED JUL 2 1958 Registration District No. 383 Primary Registration District No. 2655 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <i>Lawrence</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Lawrence</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>Mt Vernon</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Mt Vernon</i> Inside Limits <i>0550 TOWN</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <i>Rt I Mt Vernon</i> <i>11 years</i>		d. STREET ADDRESS (If outside, give location) Reside on Farm <i>Rt I Mt Vernon Mo</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>David Gilbert Reed</i>			4. DATE OF DEATH Month Day Year <i>May - 24 - 1958</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Mar - 8 - 1914</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Construction laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>44</i> IF UNDER 1 YEAR Months Days Hours Min. 11. BIRTHPLACE (City and state or country) <i>Fleming Kansas</i> 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Clarence Nelson Reed</i>		14. MOTHER'S MAIDEN NAME <i>Hattie Alvore Greenleaf</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>yes W W II</i>		16. SOCIAL SECURITY NO. <i>442-18-3192</i>	17. INFORMANT Address <i>Ruth R. Reed Rt I Mt Vernon, Mo.</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Circulatory Failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Inst</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Coronary Thrombosis with Rupture of Left Ventricle</i> DUE TO (c)			<i>Unknown.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <i>4201</i>		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <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 <i>May 19/1958</i> to <i>May 24/1958</i> and last saw ^{DEL} _{HIM} alive on <i>May 24/58</i> Death occurred at <i>5:30 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>David E. George, M.D.</i>		22b. ADDRESS <i>Mt Vernon Mo.</i>	22c. DATE SIGNED <i>5/27/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>May - 28 - 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Springfield Mo</i>
24. FUNERAL DIRECTOR ADDRESS <i>May L. Farnett Mt Vernon Mo</i>		25. DATE RECD. BY LOCAL REG. <i>6-27-58</i>	26. REGISTRAR'S SIGNATURE <i>Cecil Hendricks</i>

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 10 1958

JUL 2 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Max L. Forcell*.....

Licensed Embalmer No. *425*

P. O. Address *MW...*

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