

HEALTH DEPARTMENT OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039405

STATE FILE NUMBER

FILED DEC 2 1958

Registration District No. 101 Primary Registration District No. Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Douglas			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Drury <i>Champion</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Drury		Inside Limits c 3 4 0 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If outside, give location)		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Sarah Frances Reed			4. DATE OF DEATH Month Day Year Nov. 18, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 24, 1873	9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Unknown 7		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Fate Kelton			14. MOTHER'S MAIDEN NAME Unknown Medlock		
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. None	17. INFORMANT Address Mrs. Ida Dobbs, Drury, Missouri		
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>Myocardial infarction</i>					INTERVAL BETWEEN ONSET AND DEATH <i>About 2 hrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b)					
DUE TO (c)					
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 type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.) 4201		
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>11-18-58</i> to <i>11-18-58</i> and last saw ^{her} _{him} alive on <i>11-18-58</i> Death occurred at <i>9:45 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>R. W. Denny M.D.</i>			22b. ADDRESS <i>W. H. Moore Ins.</i>		22c. DATE SIGNED <i>11-20-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE <i>11-18-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Vera Cruz</i>		23d. LOCATION (City, town, or county) (State) <i>Vera Cruz, Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>Clinkingbeard Funeral Home, Ava, Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>Nov 26-58</i>	26. REGISTRAR'S SIGNATURE <i>Wesley Bushman</i>	

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. 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

MEDICAL CERTIFICATION
R. W. DENNY

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.....
Charles R. Fish

Licensed Embalmer No.
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P. O. Address.....
Am., Ill.

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