

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000332  
STATE FILE NUMBER

FILED JAN 19 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Joseph</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Dearborn</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp #2</u>		Length of stay in lb <u>6 1/2 m.</u>	d. STREET ADDRESS (If outside, give location)
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES A. REED</u>			4. DATE OF DEATH Month Day Year <u>Jan, 14, 1959</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-25-1924</u>	9. AGE (In years last birthday) <u>34</u>	10. UNDER 1 YEAR Months Days	11. 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) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Penn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Daisy Hair</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Records - State Hosp. #2</u>	Address <u>St Joseph Mo.</u>
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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) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>acute cystitis</u>		<u>1 week</u>
	DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>605X</u>		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. 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
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21. I attended the deceased from <u>Jan. 7, 1959</u> to <u>Jan. 14, 1959</u> and last saw her alive on <u>Jan. 14, 1959</u> Death occurred at <u>6:20 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Mohammad Taha M.D.</u>	22b. ADDRESS <u>State Hosp. #2</u>	22c. DATE SIGNED <u>1-14-59</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>	23b. DATE <u>1-16-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Weston Mo.</u>
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24. FUNERAL DIRECTOR <u>Vaughan Funeral Home, Weston Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Jan 14, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>
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Dr. Mohammed Taha  
MEDICAL CERTIFICATION  
Use only black ink or ribbon typewrite if possible  
All entries in Part I must be carefully related.

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 *W. P. Vaughn* .....

Licensed Embalmer No. *4023* .....

P. O. Address *Weston, 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.