Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001114
STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 137 Primary Registration District No. _____ Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Windsor — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Windsor Hospital — Length of stay in lb 12 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Henry
c. CITY OR TOWN Windsor 420 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 504 W. Florence — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First AL Middle Carlson Last Reed
4. DATE OF DEATH Month Day Year January 21, 1959

5. SEX M
6. COLOR OR RACE W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 8-3-1885
9. AGE (In years last birthday) 73 — 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) Rt. Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Ottumwa Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Reed
13b. MOTHER'S MAIDEN NAME Elizabeth Weter
14. NAME OF HUSBAND OR WIFE Hattie Davis 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.
17. INFORMANT Mrs. Al Reed — Address Windsor, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral Vascular Accident — 15 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis and Arteriosclerotic Heart Disease — 3-4 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 3-28-58, to 1-21-59 and last saw her/him alive on 1-21-59
Death occurred at 10:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Claudem Thurber MD
22b. ADDRESS Windsor, Mo.
22c. DATE SIGNED 1-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-24-1959
23c. NAME OF CEMETERY OR CREMATORY Laurel Oak
23d. LOCATION (City, town, or county) (State) Windsor, Mo.

24. FUNERAL DIRECTOR Ellis Huston — ADDRESS Windsor, Mo.
25. DATE RECD. BY LOCAL REG. 1-31-59
26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.