

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018792  
STATE FILE NUMBER

FILED JUN 2 1959 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Richmond</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Ray County Memorial Hospital</b>		Length of stay in 1b <b>1 day</b>	0899 STREET ADDRESS (If outside, give location) <b>Crispin Street</b>
3. NAME OF DECEASED (Type or print) First <b>Samuel</b> Middle <b>E.</b> Last <b>Reed</b>			4. DATE OF DEATH Month <b>May</b> Day <b>24</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 3, 1882</b>
9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>21</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General farming</b>	11. BIRTHPLACE (City and state or country) <b>Hardin, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Samuel Reed</b>	
13b. MOTHER'S MAIDEN NAME <b>Pamelia Shackelford</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492 18 1810</b>	17. INFORMANT <b>Mrs. Mamie McFee, Richmond, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebrovascular accident 2 days</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerosis advanced</b> DUE TO (c) <b></b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331x</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
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.)	
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a.m. <b></b> p.m. <b></b>		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	
21. I attended the deceased from <b>5-22-59</b> to <b>5-27-59</b> last saw <sup>her</sup> him alive on <b>5-27-59</b> Death occurred at <b>12:45 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>K. Davault MD</b> (Degree or title)		22b. ADDRESS <b>Richmond</b>	
22c. DATE SIGNED <b>5-26-59</b>		23a. BURNING, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>May 26, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Lavelock Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Hardin, Missouri</b>		23e. (State)	
24. FUNERAL DIRECTOR <b>Quest-Lile Funeral Home</b> Richmond, Missouri		25. DATE RECD. BY LOCAL REG. <b>5-29-1959</b>	
26. REGISTRAR'S SIGNATURE <b>Maluel Jackson</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

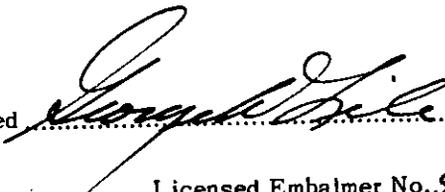
Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUN 2 1959

### 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  .....

Licensed Embalmer No. 4066 .....

P. O. Address  .....

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.