

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021135

STATE FILE NUMBER

FILED JUN 16 1959 Registration District No. 140 Primary Registration District No. 5549 Registrar's No. 49

S. 300
r. 1-57

1. PLACE OF DEATH a. COUNTY Howard			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Higbee,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 Richmond Twp.		Length of stay in lb 10 min.	d. STREET ADDRESS 0450		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GEORGE Middle WASHINGTON Last REED			4. DATE OF DEATH Month May Day 30, Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Feb. 3, 1899	9. AGE (In years and (in days)) 60	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state and country) Howard Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George W. Reed		13b. MOTHER'S MAIDEN NAME Rose Naylor		14. NAME OF HUSBAND OR WIFE Catherine Daugherty	
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. 486-46-3957	17. INFORMANT Address George W. Reed Jr Higbee, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH 30 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Man dead when brought to hospital					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None Known - Family history of heart disease					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) 4201			
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	
21. I attended the deceased from None to Death and last saw her/him alive on None Death occurred at 5:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Wm J Shaw, MD. (Degree or title)			22b. ADDRESS Fayette Mo.		22c. DATE SIGNED 6-2-59
23a. BURIAL, CREMATION, REBURY (Specify) Burial		23b. DATE 6/1/59	23c. NAME OF CEMETERY OR CREMATORY Mt Gileat Cemetery		23d. LOCATION (City, town, or county) (State) Howard Co. Missouri
24. FUNERAL DIRECTOR Ralph A. Carr ADDRESS Fayette, Mo		25. DATE RECD. BY LOCAL REG. 6-2-59		REGISTRAR'S SIGNATURE Mary L. Shell	

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.

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, ~~one~~....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Rajah A. Carr*.....

Licensed Embalmer No. *3340*.....

P. O. Address *Lafayette, La*.....

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.