

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039580

FILED VS DEC 2 1959

STATE FILE NUMBER

Registration District No. 114 Primary Registration District No. 5732 Registrar's No. 30

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY FRANKLIN	b. COUNTY MISSOURI		c. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SULLIVAN	Length of stay in 1b 34 YRS.	c. CITY OR TOWN SULLIVAN	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R. I. SEMINARY RD.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. R. I. SEMINARY RD.	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First MAUD	Middle FRANCIS	Last REED	Month NOV.	Day 26	Year 1959	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH APRIL 24, 1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) FRANKLIN Co. MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME RUFUS PAYTON EOFF		13b. MOTHER'S MAIDEN NAME NORA BLANKENSHIP		14. NAME OF HUSBAND OR WIFE CLAUDE REED		

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 CLAUDE REED, SULLIVAN, MO.
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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:		INTERVAL BETWEEN ONSET AND DEATH WEEKS
IMMEDIATE CAUSE (a)	CARCINOMA OF EYE - RETICULAR	
DUE TO (b)	CARCINOMA OF STOMACH	1 YEAR
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		

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 SULLIVAN	COUNTY MO.	STATE
21. I attended the deceased from May 19 1958 to Nov 26 1959 and last saw her alive on Nov 5 1959 Death occurred at 8 00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Robert J. Humphrey	(Degree or title) M.D.	22b. ADDRESS Sullivan, Mo.	22c. DATE SIGNED Nov 27 59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV. 29, 1959	23c. NAME OF CEMETERY OR CREMATORY CROW CEMETERY	23d. LOCATION (City, town, or county) (State) SULLIVAN MO.
24. FUNERAL DIRECTOR H.M. EATON	ADDRESS SULLIVAN, MO.	25. DATE RECD. BY LOCAL REG. 11-28-59	26. REGISTRAR'S SIGNATURE Thomas A. Humphrey

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 8 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Garrison M. Eaton

Licensed Embalmer No. 4192

P. O. Address Sullivan

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.