URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH
FILED VS FEB 24 1960

ENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 65 60-005612 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City
Length of stay in 1b 2 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 716 Marshall
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN Holt Summit
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First James Middle Eugene Last Reed
4. DATE OF DEATH Month Feb. (2) Day 16 Year 60
5. SEX Male
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH Oct 21-88
9. AGE (last birthday) 71
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Callaway Co Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Benjamen Reed
13b. MOTHER'S MAIDEN NAME Amanda Simmons
14. NAME OF ~~HUSBAND~~ OR WIFE Olivia 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. None
17. INFORMANT Mrs Margaret Hayes Address 716 Marshall Jc Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH 1-2 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — ?
DUE TO (c) Arterio-sclerosis — ?
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 2-16-60 — to 2-16-60 and last saw her ~~him~~ alive on 2-16-60
Death occurred at 7:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James G. Miller (Degree or title) D.O.
22b. ADDRESS Jefferson City Mo
22c. DATE SIGNED 18 Feb. 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-20-60
23c. NAME OF CEMETERY OR ~~CREMATORY~~ Mt Vernon
23d. LOCATION (City, town, or county) Holt Summit (State) Mo

24. FUNERAL DIRECTOR Claypool Sch. ADDRESS New Bloomfield
25. DATE RECD. BY LOCAL REG. 8 February, 1960
26. REGISTRAR'S SIGNATURE R. P. Morris M.D. M. Richter, Dep.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 LeRoy Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.