

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 30 1960

225-60-024042
226 STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 305V Registrar's No. 226

1. PLACE OF DEATH a. COUNTY Pettis Co. Sedalia Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION B othwell Hosp ital		d. STREET ADDRESS (If outside, give location) 2212 West Third	

3. NAME OF DECEASED (Type or print) First Middle Last Debra Lynn Reed	4. DATE OF DEATH Month Day Year June 23 1960
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/23/60	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 8
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Sedalia Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Daniel L Reed	13b. MOTHER'S MAIDEN NAME Patricia Jo Fisher	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Daniel L. Reed 2212 West Third	Address
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Peripartum Collapse due to Puerperal Anoxia</i> DUE TO (b) <i>Premature Separation of Placenta.</i> DUE TO (c) <i>Premature Separation of Placenta.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour Month, Day, Year p.m.
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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 COUNTY STATE
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21. I attended the deceased from June 23 1960 to June 23 60 and last saw her alive on June 23 1960 Death occurred at 8:32 AM on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>P. J. Siegel MD</i>	22b. ADDRESS <i>Sedalia, Mo</i>	22c. DATE SIGNED <i>6/25/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/23/60	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) Sedalia Missouri
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24. FUNERAL DIRECTOR <i>Francis Shelby</i>	ADDRESS Sedalia, Mo.	25. DATE RECD. BY LOCAL REG. June 26-1960	26. REGISTRAR'S SIGNATURE <i>Francis Shelby</i>
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DOCUMENT

MEDICAL CERTIFICATION

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ralph E. Baker

Licensed Embalmer No. 2419

P. O. Address, Sedalia

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.