

JR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030103

FILED VS AUG 16 1960

Registration District No. 105 Primary Registration District No. 4176 Registrar's No. 21

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Malden		Length of stay in 1b 15 yrs.		c. CITY OR TOWN Malden,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence 509 Bunnell St.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 509 Bunnell St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First EDGAR Middle WILLIAM Last REED				4. DATE OF DEATH Month July Day 29 Year 1960									
5. SEX Male		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 Feb. 17, 1891		9. AGE (last birthday) 69		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) Harrisburgh, Ill.		12. CITIZEN OF WHAT COUNTRY U.S. A.			
13a. FATHER'S NAME Jhencie Reed				13b. MOTHER'S MAIDEN NAME Sarah Jane Simmons				14. NAME OF HUSBAND OR WIFE Maudie Ann 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. UNKNOWN 572		17. INFORMANT Address Maudie Ann Reed, Malden, 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) ENDOCARDITIS DUE TO (b) UNKNOWN Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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										INTERVAL BETWEEN ONSET AND DEATH 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.)									
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.													
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					
21. I attended the deceased from 6-21-60 to 6-27-60 and last saw him ^{home} above on 6-21-60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE J. E. Lange (Degree or title)						22b. ADDRESS MALDEN-MISSOURI			22c. DATE SIGNED 8-9-60				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE July 29, 1960		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, county, state) Malden, Missouri							
24. FUNERAL DIRECTOR Landess Funeral Home, Inc. Malden, Mo.				25. DATE RECD. BY LOCAL REG. 8-9-60		26. REGISTRAR'S SIGNATURE J. D. Kraumen							

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 Christine M. Lande

Licensed Embalmer No. 4229
P. O. Address Campbell

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.