

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-017026

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 144

AMENDED FILED JUN 12 1961

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		Length of stay in 1b <u>2wks</u>		c. CITY OR TOWN <u>St. Clair</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Virginia St.,</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Ben</u> Middle <u>Austin</u> Last <u>Reed</u>				4. DATE OF DEATH Month <u>June</u> Day <u>3</u> Year <u>1961</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2/16/92</u>		9. AGE (last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>		IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Gen'l Const</u>			11. BIRTHPLACE (City and state or country) <u>  </u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>Thomas Reed</u>				13b. MOTHER'S MAIDEN NAME <u>Ruth Harris</u>				14. NAME OF HUSBAND OR WIFE <u>(Divorced)</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>						17. INFORMANT Address <u>Leo Reed St. Clair, Mo.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral artery insufficiency</u> DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>  </u> 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) <u>renal vein thrombosis</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>  </u> a.m. <u>  </u> p.m. <u>  </u>		Month, Day, Year <u>  </u> <u>  </u> <u>  </u>											
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 <u>May 24, 1961</u> to <u>June 3, 1961</u> and last saw <sup>her</sup> <u>alive</u> on <u>6/2/61 at 9 a.m.</u> Death occurred at <u>7:15 a.m. on 6/3/61</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Joseph C. Bouei, M.D.</u>						22b. ADDRESS <u>St. Clair, Mo.</u>				22c. DATE SIGNED <u>6/4/61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6/5/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>			23d. LOCATION (City, town, or county) <u>St. Clair, Mo.</u>			23e. (State)			
24. FUNERAL DIRECTOR <u>Casey Lenox</u>				ADDRESS <u>St. Clair, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>6/6/61</u>		26. REGISTRAR'S SIGNATURE <u>Leola P. Hoffmann</u>			

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 JUN 27

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, or by Richard L. Spenser, Student Embalmer No. 623 working under my personal supervision.

Student Richard L. Spenser Signed H. M. Seney, Jr.  
Signature of Student Embalmer

Licensed Embalmer No. 5040

P. O. Address St. Clair, Mo

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.

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