

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020287

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 128

AMENDED **FILED JUN 28 1961**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in lb Life	c. CITY OR TOWN Mexico Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 320 W. Jackson St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 320 W. Jackson St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Thomas Middle W Last Reed			4. DATE OF DEATH Month June Day 19 Year 1961
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 3-5/1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dental Technician		10b. KIND OF BUSINESS OR INDUSTRY Dental	9. AGE (last birthday) 62 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) Dental Technician		11. BIRTHPLACE (City and state or country) Mexico, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Dr. W. L. Reed		13b. MOTHER'S MAIDEN NAME Alexinde Allen	14. NAME OF HUSBAND OR WIFE Kathleen Reed
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 Address Mrs. Kathleen Reed Mexico, Mo.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction DUE TO (b) Coronary Heart Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 hr unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypothroidism			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
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 _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20a. 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 June 7, 1961 to June 19, 1961 and last saw him alive on June 16, 1961 . Death occurred at 2 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ernest S. Gantt MD		22b. ADDRESS Mexico Mo	22c. DATE SIGNED 6-20-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 21-1961	23c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery	23d. LOCATION (City, town, or county) (State) Huntsville - Mo.
24. FUNERAL DIRECTOR ADDRESS Arnold Funeral Home Mexico, Mo		25. DATE RECD. BY LOCAL REG. June 20-1961	26. REGISTRAR'S SIGNATURE Blanche Reely

JUN 29 1961

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 Connie R. Pickering, Student Embalmer No. 633
working under my personal supervision.

Student Connie R. Pickering
Signature of Student Embalmer

Signed

Oliver Amundson

Licensed Embalmer No.

3569

P. O. Address

Muskegon

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.