MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-030357
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 100

AMENDED

FILED AUG 31 1961

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville — Length of stay in 1b: 9 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital — Inside Limits Yes XX No ☐

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

3. NAME OF DECEASED (Type or print): First Margot Middle Frances Last Reed
4. DATE OF DEATH: Month Aug Day 18 Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed XXX Divorced ☐
8. DATE OF BIRTH June 3 1893
9. AGE (last birthday) 68
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (City and state or country) Dallas Co. Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Lewis Hardison
13b. MOTHER'S MAIDEN NAME Martha Stafford
14. NAME OF HUSBAND OR WIFE Guy E 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.
17. INFORMANT George Reed Address Brookfield Missouri

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) Metastatic Reticulum Cell Sarcoma — INTERVAL BETWEEN ONSET AND DEATH: 8 Month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX
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 8-9-61 to 8-18-61 and last saw her alive on 8.18.61
Death occurred at 3:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R.O. Merritt (Degree or title) DO
22b. ADDRESS Waynesville, Missouri
22c. DATE SIGNED 8/19/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/20/61
23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cemetery
23d. LOCATION (City, town, or county) (State) Crocker Missouri
24. FUNERAL DIRECTOR C.E. Moss ADDRESS Moss-Williams Funeral Homes Waynesville Mo
25. DATE RECD. BY LOCAL REG. 8/21/61
26. REGISTRAR'S SIGNATURE Eula Pearl Anderson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

AUG 31 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 _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clarence Moca

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.