

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037977

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 312

AMENDED

FILED OCT 17 1961

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Greenridge Twn.		c. CITY OR TOWN Greenridge	
Length of stay in 1b 71 yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 miles South Greenridge		d. STREET ADDRESS (If outside, give location) 1 1/2 mile S. Greenridge	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First George B. Middle Reed Last Reed			4. DATE OF DEATH Month Oct. Day 7 Year 1961			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-26-1890	9. AGE (last birthday) 71	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Pettis Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Nathan Reed		13b. MOTHER'S MAIDEN NAME Jennie Wadleigh		14. NAME OF HUSBAND OR WIFE Esther Driskell		
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.		17. INFORMANT Address Mrs. George Reed - Greenridge, Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH instant unknown
IMMEDIATE CAUSE (a) Acute Coronary Thrombosis		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) Coronary Arteriosclerosis		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none		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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
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 10-29-60 to 10-7-61 and last saw him alive on 9-12-61
Death occurred at 10:30a on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T. S. Hopkins, M.D.	22b. ADDRESS 1609 S. Smith Sedalia, Mo.	22c. DATE SIGNED 10-10-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-9-1961	23c. NAME OF CEMETERY OR CREMATORY Greenridge
23d. LOCATION (City, town, or county) Greenridge Mo.		(State)

24. FUNERAL DIRECTOR Huston Funeral Home	ADDRESS Windsor	25. DATE RECD. BY LOCAL REG. 10-12-1961	26. REGISTRAR'S SIGNATURE Francis Shelby
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

OCT 18 1961

APR 24 1962

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Freemridge,

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.