

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

61-045390  
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 227

AMENDED

FILED JAN 2 1962

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lebanon</b>		c. CITY OR TOWN <b>Lebanon</b>	
Length of stay in 1b <b>1 day</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Louise G. Wallace Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>Route #2</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Harry</b> Middle <b>Franklin</b> Last <b>Reed</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>24</b> Year <b>1961</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-18-99</b>	9. AGE (last birthday) <b>62</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and state or country) <b>Illinois</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Sherman W. Reed</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Massingale</b>	
14. NAME OF HUSBAND OR WIFE <b>Ruby M. Reed</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT Address <b>Mrs. Ruby Reed, Rt. 2, Lebanon, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Kilmouray Emphysema</b> DUE TO (b) <b>Two Subarachnoid hemorrhages</b> DUE TO (c) <b>2 4 Dec 61</b>		INTERVAL BETWEEN ONSET AND DEATH <b>76 Oct 61</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Benign Prostatic Hypertrophy (Catheter)</b>		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 checked="" 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.		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 **Feb. 18, 1957** to **Dec. 24, 1961** and last saw <sup>her</sup>him alive on **19 Dec. 1961**  
Death occurred at **11:55 P. m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Paul A. Jenkins M.D.</b>		22b. ADDRESS <b>Lebanon Mo</b>		22c. DATE SIGNED <b>26 Dec 61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>12-27-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lebanon Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Lebanon, Laclede Co., Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>J. J. Skelley Lebanon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-27-1961</b>	26. REGISTRAR'S SIGNATURE <b>Hella L. Day</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SIGNATURE READ

HOW INC.

JAN 4 1962

JAN 16 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 \_\_\_\_\_

Licensed Embalmer No. 5115

P. O. Address Springfield

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.