MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-000639

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 70

FILED FEB 5 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 5 days.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): SEMo Hosp — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First PETER Middle ALEXANDER Last REED
4. DATE OF DEATH: Month Jan Day 21, Year 1962
5. SEX: Male
6. COLOR OR RACE: White ?
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Nov 10, 1872
9. AGE (last birthday): 89 — 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): Retired Fisherman
10b. KIND OF BUSINESS OR INDUSTRY: Com'l Fishing
11. BIRTHPLACE (City and state or country): Ware Station Ill
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: David Reed
13b. MOTHER'S MAIDEN NAME: Ella Brennan
14. NAME OF HUSBAND OR WIFE: Dora Russell Reed (Decd)
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.: Unk.
17. INFORMANT: R. E. Reed — Address: Illmo Mo

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): Hepatic Coma — INTERVAL BETWEEN ONSET AND DEATH: 1 Wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cirrhosis of Liver
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pneumonia
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 10-17-60, to 1-20-62 and last saw ~~him~~ him alive on 1-20-62
Death occurred at 7:15 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J Marshall Jung MD
22b. ADDRESS: Illmo Mo
22c. DATE SIGNED: 1-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-23-62
23c. NAME OF CEMETERY OR CREMATORY: Lightner Cemetery
23d. LOCATION (City, town, or county) (State): Illmo Mo

24. FUNERAL DIRECTOR — ADDRESS: BISPLINGHOFF FUNERAL HOME Illmo Mo
25. DATE RECD. BY LOCAL REG.: 1-31-1962
26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

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 Oliver C Amick

Licensed Embalmer No. 4470

P. O. Address Illmo. 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.