

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003143

STATE FILE NUMBER

AMENDED

Registered on **FILED FEB 27 1962** Primary Registration District No. **3054** Registrar's No. **156**

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Louisiana Mo.</b>		c. CITY OR TOWN <b>Louisiana</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pike County Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>River Road</b>	
3. NAME OF DECEASED (Type or print) First <b>MAMIE</b> Middle <b>-----</b> Last <b>REEDER</b>		4. DATE OF DEATH Month <b>Jan</b> Day <b>19</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Dec, 18, 1898</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nursery Employee</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Stark Bros Nursery</b>	11. BIRTHPLACE (City and state or country) <b>Louisiana, MO.</b>
13a. FATHER'S NAME <b>Charles Waller</b>		13b. MOTHER'S MAIDEN NAME <b>Victoria Moore</b>	14. NAME OF HUSBAND OR WIFE <b>Frances Early Bowling Green, Missouri</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <b>No.</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Frances Early Bowling Green, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bilateral Broncho Pneumonia</b> 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) _____			INTERVAL BETWEEN ONSET AND DEATH
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 _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>1959</b> to <b>Jan. 19, 1962</b> and last saw her alive on <b>Jan. 19-62</b> Death occurred at <b>7:58 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>E. P. Hansen D.O.</b>		22b. ADDRESS <b>Frankford, Mo.</b>	22c. DATE SIGNED <b>1/21/1962</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/21/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FairView Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Rte #3 Louisiana MO.</b>
24. FUNERAL DIRECTOR: <b>Sterne Funeral Home Louisiana Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Jan 23-62</b>	26. REGISTRAR'S SIGNATURE <b>Bruce Collier</b>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED: 3/27/62

INSTEAD OF: 12/18/1889 DOCUMENT

SHOULD READ: 12/18/1898

BY AFFIDAVIT OF Funeral Director

ITEM NO. 8

MAR 30 1966

**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 J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.