

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010366

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. \_\_\_\_\_ Registrar's No. 29

**FILED MAR 22 1962**

1. PLACE OF DEATH  
 a. COUNTY **Dent County**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Franklin, Twp.** Length of stay in lb **5yr**  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Darien, Missouri** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **Dent**  
 c. CITY OR TOWN **Darien, Missouri** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **Route 5 Darien, Mo.** Residence on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
**Pearl Elmer Reed** **March 13, 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **6/11/1891** 9. AGE (last birthday) **70**  
 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) **Barber** 10b. KIND OF BUSINESS OR INDUSTRY **Barbering** 11. BIRTHPLACE (City and state or country) **Dent County** 12. CITIZEN OF WHAT COUNTRY **U. S.A.**

13a. FATHER'S NAME **George Reed** 13b. MOTHER'S MAIDEN NAME **Josephine Graham** 14. NAME OF HUSBAND OR WIFE **X**

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. **X** 17. INFORMANT **Earl Reed** Address **Rt. 5 Salem, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Apparently due to natural causes. Investigated by Coroner, Haydn B. Powell, D.O.**  
 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  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 2/15/57 to 11/9/61 and last saw her/him alive on 11/9/61. Death occurred at 4:00 Local Registrar on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Martin M. Hart MD (Degree or title) 22b. ADDRESS **Salem, Missouri** 22c. DATE SIGNED **3/15/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **March 15, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Green Forest** 23d. LOCATION (City, town, or county) (State) **Dent County Mo.**

24. FUNERAL DIRECTOR ADDRESS **SPENCER FUNERAL HOME INC. SALEM, MO.** 25. DATE RECD. BY LOCAL REG. **3/15/62** 26. REGISTRAR'S SIGNATURE M. M. Hart MD by Am.

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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

*Carl K. Dymmer*

Licensed Embalmer No.

*2370*

P. O. Address

*Salem 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.