

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-014393

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 117

FILED MAY 15 1962

VS 300
Rev. 4/59

6147
2147

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4 0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) Fulton		Length of stay in 1b 1 year	c. CITY OR TOWN Fulton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1006 North Bluff Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM HOMER REED			4. DATE OF DEATH Month Day Year May 7, 1962
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8Jan1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman (Clothing)		10b. KIND OF BUSINESS OR INDUSTRY Pick's Clothing	11. BIRTHPLACE (City and state or country) Oklahoma City Oklahoma USA
13a. FATHER'S NAME Rex Reed		13b. MOTHER'S MAIDEN NAME unk	14. NAME OF HUSBAND OR WIFE Cornelia Reed
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) Yes WW 11		17. INFORMANT Address 1006 N. Bluff 32 Mrs. William H. Reed Fulton, 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) Acute myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 8 hours
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) 5 or 6 previous infarcts			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 a.m. 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 5/7/62 8:40 A to 5/7/62 and last saw him alive on 5/7/62 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George D. Groce, M.D.		22b. ADDRESS Fulton, Missouri	22c. DATE SIGNED 5-10-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 13, 1962	23c. NAME OF CEMETERY OR CREMATORY Callaway Memorial Gardens	23d. LOCATION (City, town, or county) (State) Fulton Mo
24. FUNERAL DIRECTOR Browning Funeral Home, Fulton, Mo		25. DATE RECD. BY LOCAL REG. May-10-1962	26. REGISTRAR'S SIGNATURE Maretha Lawrence

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 19 1963

AUG 17 1963

MAY 23 1962

MAY 15 1962

JUN 19 1963

DEPARTMENT OF HEALTH

STATE OF MARYLAND

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 Leon Rale Toedtman, Student Embalmer No. 650

working under my personal supervision.

Student Leon Rale Toedtman Signed Denzil C Browning
Signature of Student Embalmer

Licensed Embalmer No. 2724

P. O. Address Fulton, MD

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.