

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025856

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 228

VS 300
Rev. 4/59

1 0017
2 0017
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4 0
5 2
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7 1
8 2
9 4200
10
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12 86-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in lb years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL INSTITUTION Nursing Home # 1		d. STREET ADDRESS (If outside, give location) 1516 N. Franklin	
3. NAME OF DECEASED (Type or print) First Middle Last ROBERT DeFOREST REED		4. DATE OF DEATH Month Day Year July 17 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/12/80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Auto	
13a. FATHER'S NAME William Reed		13b. MOTHER'S MAIDEN NAME Eliza Jane UNK	
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. Unknown	
17. INFORMANT Ronald A. Reed, Kirksville, Mo.		Address	
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 Circulatory Failure minutes DUE TO (b) Coronary Thrombotic Occlusion minutes DUE TO (c) Arteriosclerotic Heart Disease unknown			INTERVAL BETWEEN ONSET AND DEATH minutes minutes unknown
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. <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. Month, Day, Year 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 July 17, 1961 to July 17, 1962 and last saw him alive on July 16, 1962 . Death occurred at 1:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In degree or title) George H. Scheurer, D.O.		22b. ADDRESS Kirksville	
22c. DATE SIGNED July 18, 1962			
23a. BURIAL CREDENTIALS REMOVE (SEE INSTRUCTIONS)	23b. DATE July 19/62	23c. NAME OF CEMETERY OR CREMATOR Highland Park	23d. LOCATION (City, town, or county) (State) Kirksville, Adair, Mo.
24. FUNERAL DIRECTOR Foster Memorial Home, Kirksville, Mo		25. DATE RECD. BY LOCAL REG. July 19, 1962	
		26. REGISTRAR'S SIGNATURE Doris W. Ratliff	

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATE OF **DR. SCHEURER**

Permit renewed July 19, 1962

GEORGE H. SCHURER, D.O.

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 Nova E. Foster
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirkville, 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.