

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027641

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 165

Primary Registration District No. 5602

Registrar's No. 6

FILED JUL 16 1962

VS 300  
Rev. 4/59

1 05-10

2 05-10

3 2

4 0

5 1

6

7 0

8 0

9 4/201

10

11

12 90-2

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Holden (Chilhowee)</b>		Length of stay in 1b <b>7 yrs.</b>	c. CITY OR TOWN <b>Holden</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Magnolia, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>R.F.D. Holden</b> (If outside, give location)
3. NAME OF DECEASED (Type or print) <b>GEORGE WILLIAM READE</b>		First <b>GEORGE</b> Middle <b>WILLIAM</b> Last <b>READE</b>	4. DATE OF DEATH <b>July 11, 1962</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/9/1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>coal miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Coal mines</b>	9. AGE (last birthday) <b>76</b>
13a. FATHER'S NAME <b>Jacob Reade</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Bray</b>	11. BIRTHPLACE (City and state or country) <b>St. Clair Co. Mo.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>XXXX</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Endocarditis</b>		14. NAME OF HUSBAND OR WIFE <b>Mary H. Reade</b>	
DUE TO (b) <b>Myocardial Infarction</b>		17. INFORMANT <b>Joseph Reade, Raytown, Missouri</b>	
DUE TO (c) _____		Address _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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 <b>Holden, Mo.</b>		COUNTY _____ STATE _____	
21. I attended the deceased from <b>6/8/1962</b> to <b>7/11/1962</b> and last saw <sup>KX</sup> him alive on <b>7/9/1962</b>			
Death occurred at <b>11 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>James M. Helmsberg DO</i>		22b. ADDRESS <b>Holden, Mo.</b>	
22c. DATE SIGNED <b>7/12/62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>7/14/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Gardens</b>	
23d. LOCATION (City, town, or county) <b>Raytown, Missouri.</b>			
24. FUNERAL DIRECTOR <b>Canaday &amp; Ropp, Holden, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7/15/62</b>	
		26. REGISTRAR'S SIGNATURE <i>James M. Helmsberg</i>	

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 *M. J. Canaday*

Licensed Embalmer No. 3431

P. O. Address Holden, Missouri

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.