

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037966

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 4082 Registrar's No. 142

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 13 1962

1. PLACE OF DEATH
 a. COUNTY **Carroll**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** COUNTY **Carroll**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Bogard** Length of stay in 1b

c. CITY OR TOWN **Bogard, RFD** Inside Limits Yes No

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Ollie Coldiron home.** Inside Limits Yes No

d. STREET ADDRESS (if outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **WILLIAM** Middle **JACOB** Last **REEDER**

4. DATE OF DEATH Month **Nov.** Day **3rd** Year **1962**

5. SEX **M** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **3/3/1882** 9. AGE (last birthday) **80** IF UNDER 1 YEAR Months **8** Days **0** IF UNDER 24 HR Hours **0** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Former** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **Springhill, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Peter Reeder,** 13b. MOTHER'S MAIDEN NAME **Elizabeth Francis Heaver,** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. **none** 17. INFORMANT **Mrs Ollie Coldiron, Bogard, Missouri** 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) **Pneumonia Terminal** INTERVAL BETWEEN ONSET AND DEATH **1 day**
 DUE TO (b) **Cardiac Decompensation** **6 mos**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) **Arterial Sclerosis** **5 yrs**
 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 Month, Day, Year a.m. p.m.

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 **Feb. 10-55** to **Nov. 3-62** and last saw ^{her}him alive on **Nov. 1-62**
 Death occurred at **10 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Joseph A. Conrad M.D.** 22b. ADDRESS **Chillicothe, Mo** 22c. DATE SIGNED **Nov. 6-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **11/6/1962** 23c. NAME OF CEMETERY OR CREMATORY **Blue Mound Cemetery** 23d. LOCATION (City, town, or county) (State) **Blue Mound, Missouri**

24. FUNERAL DIRECTOR **Clifford W. Austin F-H Tina, Missouri** ADDRESS 25. DATE RECD. BY LOCAL REG. **11-8-1962** 26. REGISTRAR'S SIGNATURE **Ann Labouch** **Willie Moore**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59
 1 0170
 2 0170
 3 1
 4 0
 5 0
 6
 7 0
 8 0
 9 4500
 10
 11
 12 90-0
 13 1-0

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,

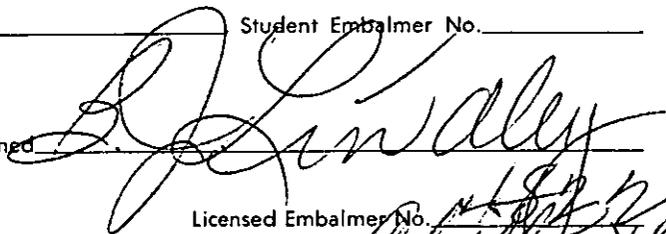
or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

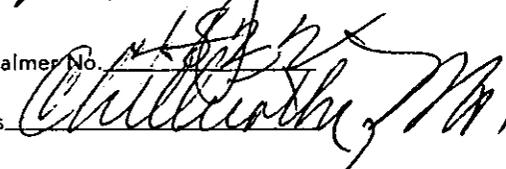
Signature of Student Embalmer

Signed



Licensed Embalmer No. _____

P. O. Address _____



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.