

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041808

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1108

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0128

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 20 1962		1. PLACED IN CHARGE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>BUTLER</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>VAH POPLAR BLUFF, MO.</b>		a. STATE <b>MISSOURI</b> b. COUNTY <b>CARTER</b>	
Length of stay in 1b <b>2 DAYS</b>		c. CITY OR TOWN <b>VAN BUREN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>BOX 73</b>	
3. NAME OF DECEASED (Type or print)		First <b>ASIA</b> Middle <b>NMN</b> Last <b>REED</b>		4. DATE OF DEATH Month <b>NOVEMBER</b> Day <b>6</b> Year <b>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>3-24-95</b>	9. AGE (last birthday) <b>67</b>	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) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL LABOR</b>		11. BIRTHPLACE (City and state or country) <b>BIRCHTREE, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>DAN REED</b>		13b. MOTHER'S MAIDEN NAME <b>BELLE COREY</b>	
14. NAME OF HUSBAND OR WIFE <b>GRACE P REED</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	
17. INFORMANT <b>VA HOSPITAL RECORDS, POPLAR BLUFF, MO.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH - - - - -	
IMMEDIATE CAUSE (a) <b>PNEUMONITIS, BILATERAL</b>		DUE TO (b) _____		DUE TO (c) _____	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>CHRONIC OBSTRUCTIVE EMPHYSEMA</b>		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? <b>YES</b> <input type="checkbox"/> NO <input 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 <b>VA</b>		20g. COUNTY <b>CARTER</b>		20h. STATE <b>MO.</b>	
21. I attended the deceased from <b>NOVEMBER 4, 1962</b> to <b>NOVEMBER 6, 1962</b>		Death occurred at <b>9:42 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>DAVID V. MILLER, M.D. Acting Pathologist</b>		22b. ADDRESS <b>VAH POPLAR BLUFF, MO.</b>		22c. DATE SIGNED <b>11-6-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-8-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Tedder Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Carter County MO.</b>	
24. FUNERAL DIRECTOR <b>M Spadden</b>		ADDRESS <b>Van Buren, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11/15/1962</b>	
26. REGISTRAR'S SIGNATURE <b>Thelma Graham</b>					

USE BLACK INK OR TYPEWRITER RIBBON

NOV 21 1962

**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 Allen C. McGowan

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.