

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046402

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. \_\_\_\_\_ Registrar's No. 120

**FILED JAN 2 1963**

1. PLACE OF DEATH  
 a. COUNTY Dent County  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Current TWP. Length of stay in 1b \_\_\_\_\_  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Montauk State Park Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri COUNTY Dent  
 c. CITY OR TOWN Rt. 5 Salem, Missouri Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Rt. 5 Salem, Missouri Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
Winfred D. Reed

4. DATE OF DEATH Month Day Year  
Dec. 26, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH May 17, 1904 9. AGE (last birthday) 58  
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

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

13a. FATHER'S NAME George Reed 13b. MOTHER'S MAIDEN NAME Josephine Graham 14. NAME OF HUSBAND OR WIFE Mamie Mauk Reed

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. X 17. INFORMANT Address Mamie Mauk Reed Rt. 5 Salem, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Natural causes (investigated by coroner)  
 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) \_\_\_\_\_  
 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 \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

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 \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_. Death occurred at 9:15 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Winfred D. Reed 22b. ADDRESS Salem, Missouri 22c. DATE SIGNED \_\_\_\_\_

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 29, 1962 23c. NAME OF CEMETERY OR CREMATORY Green Forest Cem. 23d. LOCATION (City, town, or county) (State) Dent County, Missouri

24. FUNERAL DIRECTOR ADDRESS SPENCER FUNERAL HOME INC. Salem, Mo. 25. DATE RECD. BY LOCAL REG. Dec. 27 26. REGISTRAR'S SIGNATURE Winfred D. Reed

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
 Rev. 4/59  
6330  
8330  
 3  
 4 0  
 5 1  
 6  
 7 0  
 8 2  
97954  
 10  
 11  
1291-8  
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

APR 2 1963

JAN 25 1963  
JAN 9 1963

**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 Carl D. Spence

Licensed Embalmer No. 2370

P. O. Address Dalton 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.