

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-004645

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 311

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 13 1963

1. PLACE OF DEATH
 a. COUNTY St. Louis County
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHMOND HEIGHTS Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Franklin
 c. CITY OR TOWN Robertsville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) R.R. #1--lmi--West Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Thomas Willard Reed
 (Type or print)

4. DATE OF DEATH Month Day Year
1 27 1963

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 11-13-1917 9. AGE (last birthday) 45
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ford Motor Co. 10b. KIND OF BUSINESS OR INDUSTRY Ford Motor Co. 11. BIRTHPLACE (City and state or country) U.S.A. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Reed 13b. MOTHER'S MAIDEN NAME Odessa (Guilliams) 14. NAME OF HUSBAND OR WIFE Vyrle (Bishop)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) Yes 1944-1946 16. SOCIAL SECURITY NO. 35 17. INFORMANT Address Vyrle Reed Robertsville, Mo.

18. CAUSE OF DEATH (Enter only one cause)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cancer of Lung
 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
 INTERVAL BETWEEN ONSET AND DEATH 1 year

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
 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 4/14/60 to 1/27/63 and last saw ^{her}him alive on 1/27/63
 Death occurred at 3:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Malcolm B Bawess MD. 22b. ADDRESS 4660 Maryland 22c. DATE SIGNED 1/28/63
 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-29-63 23c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks Nat'l Cem. 23d. LOCATION (City, town, or county) St. Louis Mo. (State)

24. FUNERAL DIRECTOR Bell Funeral Home ADDRESS Pacific, Mo. 25. DATE RECD. BY LOCAL REG. 1-28-63 26. REGISTRAR'S SIGNATURE John B. Murphy MD.

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Bryan Gill*

Licensed Embalmer No. #4977

P. O. Address Pacific, Md.

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.