

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006163

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 733 Primary Registration District No. 3022 Registrar's No. 22

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

VS 300	DATE AMENDED
Rev. 4/59	
1 0410	
2 0410	
3	
4 0	
5 1	
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7 0	
8 2	
9 420.1	
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12 290-0	
13 1-0	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 4 1963		
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Madison</u> Length of stay in 1b <u>All life</u>		
c. FULL NAME OF (IF NOT in hospital, give location) <u>6 miles S. W. of Cainsville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>		
c. CITY OR TOWN <u>Madison Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. STREET ADDRESS (If outside, give location) <u>6 miles S. W. of Cainsville</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Monroe</u> Last <u>Reeder</u>		
4. DATE OF DEATH Month <u>February</u> Day <u>25</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
8. DATE OF BIRTH <u>4-26-81</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General farming</u>	11. BIRTHPLACE (City and state or country) <u>Harrison Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>W. W. Reeder</u>		13b. MOTHER'S MAIDEN NAME <u>Christina Young</u>
14. NAME OF HUSBAND OR WIFE <u>Nellie B. Reeder</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>
16. INFORMATION <u>Mrs. Nellie B. Reeder, Ridgeway, Mo.</u>		17. INFORMATION Address
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute pulmonary edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>2hr.</u> DUE TO (b) <u>Sub-Acute myocardial</u> <u>1 wk.</u> DUE TO (c) <u>Coronary arteriosclerosis</u> <u>5 yrs.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diffuse arthritis deformans contributed severe pain.</u> 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT - SUICIDE - HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>9:45p</u> Month, Day, Year a.m. p.m.	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 <u>Princeton, Missouri</u>
20g. COUNTY <u>Harrison</u>		20h. STATE <u>Missouri</u>
21. I attended the deceased from <u>March 7, 1960</u> to <u>February 25, 63</u> and last saw <u>him</u> alive on <u>February 25, 63</u> Death occurred at <u>9:45p</u> on the date stated above, and to the best of my knowledge, from the causes stated. <u>M. D.</u>		
22a. SIGNATURE <u>Frank H. Gilbert</u> (Degree or title) <u>M. D.</u>		22b. ADDRESS <u>Princeton, Missouri</u>
22c. DATE SIGNED <u>2-28-63</u>		22d. DATE RECD. BY LOCAL REG. <u>2-28-1963</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-1-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Zoar Cemetery</u>
23d. LOCATION (City, town, or county) <u>Cainsville, Missouri</u>		23e. STATE <u>Missouri</u>
24. FUNERAL DIRECTOR <u>E. J. Stoklasa,</u> ADDRESS <u>Cainsville, Mo.</u>		25. REGISTRAR'S SIGNATURE <u>Jella Maxey</u>

STATEMENT BY LICENSED EMBALMER

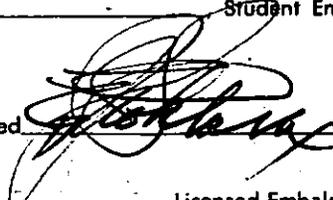
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Eddie J. Stoklasa Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.