

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**663-043298**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 477 Primary Registration District No. 3016 Registrar's No. 449

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 4 1963		
1. PLACE OF DEATH a. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u> Length of stay in 1b <u>1 1/2 hrs</u>		
c. FULL NAME OF (If NOT in hospital, give location) <u>Chas Still Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JASCOVADE</u>		
c. CITY OR TOWN <u>R.F.D. #1 5 miles south of</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. STREET ADDRESS (If outside, give location) <u>Bland - Mo.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>Ellen</u> Last <u>Reed</u>		
4. DATE OF DEATH <u>Nov - 30 - 1963</u>		
5. SEX <u>Female</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>June 15 - 1880</u>		
9. AGE (last birthday) <u>83</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house keeper</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		
11. BIRTHPLACE (City and state or country) <u>Maries County - Mo</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Sam Stockton</u>		
13b. MOTHER'S MAIDEN NAME <u>Martha Moman</u>		
14. NAME OF HUSBAND OR WIFE <u>John Reed</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO. <u>[redacted]</u>		
17. INFORMANT <u>Burley Price - Overland - Mo</u> Address		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC ARREST</u> DUE TO (b) <u>CORONARY INSUFFICIENCY</u> DUE TO (c) <u>CARDIAC DECOMPENSATION</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Advanced Age</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 <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 <u>[blank]</u> Month, Day, Year <u>[blank]</u>		
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>Bland, Mo</u> COUNTY <u>[blank]</u> STATE <u>[blank]</u>		
21. I attended the deceased from <u>JAN 1957</u> to <u>Nov 30, 1963</u> and last saw her <u>live</u> on <u>Nov 30, 1963</u> Death occurred at <u>4:50 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		
22b. ADDRESS <u>Bland, Mo</u>		
22c. DATE SIGNED <u>12/2/63</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		
23b. DATE <u>Dec 3 - 1963</u>		
23c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		
23d. LOCATION (City, town, or county) <u>Bland - Mo.</u>		
25. DATE RECD. BY LOCAL REG. <u>3 December 1963</u>		
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

VS 300 Rev. 4/59

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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

STATE OF IOWA

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**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 Thomas G. Otke, Student Embalmer No. 713

working under my personal supervision.

Student Thomas G. Otke  
Signature of Student Embalmer

Signed Donald P. Greeman

Licensed Embalmer No. 4623

P. O. Address Jmo

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.

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