

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000542
State File No.

FILED JAN 9 1959

BIRTH NO. --- REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4212 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY CARTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CARTER	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL-CARTER Twp	c. LENGTH OF STAY (In this place) 24 HRS	c. CITY OR TOWN VAN BUREN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Chitwood Farm-		e. STREET ADDRESS (If rural, give location) VAN BUREN, MO	

3. NAME OF DECEASED (Type or Print) a. (First) OSCAR b. (Middle) REED c. (Last) REED			4. DATE OF DEATH (Month) (Day) (Year) JAN 1, 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH MAR 8, 1899	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 9 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME DANIEL REED		13b. MOTHER'S MAIDEN NAME BELLE COREY		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 353-03-8064		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ASA REED VAN BUREN, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 10 MIN		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION			ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c)		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **D. O. 19 A**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Colonel M. A. Spalden			23b. ADDRESS Colonel Van Buren, Mo			23c. DATE SIGNED 1-1-59		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-5-59		24c. NAME OF CEMETERY OR CREMATORY JEFFERSON BARRACKS		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG Jan. 7-1959		REGISTRAR'S SIGNATURE Mrs. Octa Henson		25. FUNERAL DIRECTOR'S SIGNATURE McSpalden		ADDRESS VAN BUREN, MO		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

CARRIERS COURSE
EXAMINER CENTER

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. M. Appleson*

Licensed Embalmer No. *454*

P. O. Address *Van Buren*

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.