

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

25151

State File No. _____

Registrar's No. 48

FILED JUL 31 1952

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>5796</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u> <u>0.680</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Walker</u> c. LENGTH OF STAY (in this place) OR <u>1/2 Hr</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Prarie Home Star Rt. Calif, MO</u>			2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boon Co 0145</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia, Mo</u> d. STREET ADDRESS (If rural, give location) <u>807 North 8 St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mickey</u> b. (Middle) <u>Joe</u> c. (Last) <u>Reed</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7/27/52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Sept. 19, 1946</u>		9. AGE (In years if under 1 year last birthday) <u>5</u> Months <u>10</u> Days <u>8</u> Hours <u>Min.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Edward Reed</u>	
13b. MOTHER'S MAIDEN NAME <u>Ruth Thompson</u>		14. NAME OF HUSBAND OR WIFE _____		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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Reed, Columbia - Mo. 807 N 8</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9291 42		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm - creek</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>California Monticume Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>168</u>	
22. I hereby certify that I attended the deceased from _____ <u>19</u> to _____ <u>19</u> , and that death occurred at _____ <u>3:30 P</u> m., from the causes and on the date stated above. - <u>dead when first seen</u>					
23a. SIGNATURE <u>Kenneth Latham M.D. Crown</u> (Degree or title)			23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>7-29-52</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/29/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Flag Spring Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>R.F.D. California, Mo</u>
DATE REC'D BY LOCAL REG. <u>July 28, 52</u>		REGISTRAR'S SIGNATURE <u>W.P. Papey JR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Bowlin</u> ADDRESS <u>California</u>	

(If needed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

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

Student Embalmer

Signed Earl Boulton

Licensed Embalmer No. 7126

P. O. Address California

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 this body is not embalmed, fact should be so stated above.