

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27051

State File No. 43

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>5796</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</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) <u>10 Yrs</u>		c. CITY OR TOWN <u>California, Mo</u>		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 <u>Star Rt. California, Mo</u>				e. STREET ADDRESS (If rural, give location) <u>Star Rt 0680</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Harret</u>		b. (Middle) <u>Ellen</u>		c. (Last) <u>Reed</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 25 1955</u>	
9. AGE (In years last birthday) <u>84</u>		10. DATE OF BIRTH <u>Oct 13 1870</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		13a. FATHER'S NAME <u>John Duncan</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Hampton</u>	
13c. NAME OF HUSBAND OR WIFE <u>John Reed</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		15. SOCIAL SECURITY NO. <u>None</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Estlie Reed California Mo</u>	
17. ADDRESS <u>California Mo</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <u>4500</u>  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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Walker Twp Moniteau Mo</u>		21f. HOW DID INJURY OCCUR? <u>5/15P m.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>Aug 25, 1955</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Aug 1, 1955</u> to <u>Aug 25, 1955</u> , that I last saw the deceased alive on <u>Aug 25, 1955</u> and that death occurred at <u>5/15P m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree & title) <u>D. H. Bannion D.O.</u>	
23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>8/26/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/27/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Old Salem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Bowlin</u>		25. ADDRESS <u>California Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Jack H. Boulton

Licensed Embalmer No. 49

P. O. Address Caliga

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.