

FILED JUL 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19714

State File No. \_\_\_\_\_

|   |                                  |  |                                       |   |   |   |  |
|---|----------------------------------|--|---------------------------------------|---|---|---|--|
| BIRTH NO. _____   |                                  | REG. DIST. NO. <u>224</u>  |                                       | PRIMARY REG. DIST. NO. <u>5796</u>  |   | Registrar's No. <u>56</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Moniteau</u>  |                                  |  |                                       | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>   |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give nearest city or town) <u>California, Mo Walker</u>   |                                  |  |                                       | c. LENGTH OF STAY (If applicable) <u>17 yrs</u>   |   | c. CITY OR TOWN <u>California, Mo</u>   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rt 2, California, Mo</u>  |                                  |  |                                       | e. STREET ADDRESS (If rural, give location) <u>Rt # 2, California, Mo</u>   |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |                                  | a. (First) <u>Ola</u>  |                                       | b. (Middle) <u>Mae</u>  |   | c. (Last) <u>Reed</u>   |  |
| 4. DATE OF DEATH  |                                  | (Month) <u>June</u>  |                                       | (Day) <u>27</u>   |   | (Year) <u>1954</u>  |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>   | 8. DATE OF BIRTH<br><u>Nov 6 1894</u> | 9. AGE (In years last birthday)<br><u>59</u>  | IF UNDER 1 YEAR<br>Months <u>7</u> Days <u>21</u> | IF UNDER 18 HRS.<br>Hours <u>  </u> Min. <u>  </u>                            |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House Wife</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>   |                                       | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Moniteau Co</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>                                  |  |
| 13a. FATHER'S NAME<br><u>Frank Wise</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Nora Pruitt</u>  |                                       | 14. NAME OF HUSBAND OR WIFE<br><u>Gilbert Reed</u>  |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>None</u>   |                                       | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Gilbert Reed, California, Mo</u>  |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Status epilepticus</u><br><u>Conjugal epilepsy</u><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                       |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>48 hrs</u>                             |  |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><u>3533</u>  |                                       |   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>      |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>  </u>   |                                  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>  </u>  |                                       | 21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE)<br><u>California Moniteau Mo</u>   |   | 21f. HOW DID INJURY OCCUR?<br><u>  </u>                                       |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)<br><u>  </u>   |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                       | 22. I hereby certify that I attended the deceased from <u>June 26, 1954</u> to <u>June 27, 1954</u> , that I last saw the deceased alive on <u>June 26, 1954</u> , and that death occurred at <u>10/35A</u> m., from the causes and on the date stated above. |   |   |  |
| 23a. SIGNATURE (Name or title)<br><u>L. A. D. Barion</u>  |                                  | 23b. ADDRESS<br><u>S.O. 4 California Mo</u>  |                                       | 23c. DATE SIGNED<br><u>6/28/54</u>  |   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                  | 24b. DATE<br><u>6/29/54</u>  |                                       | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Old Salem Cemetery</u>   |   | 24d. LOCATION (City, town, or county) (State)<br><u>California, Rural. Mo</u> |  |
| DATE REC'D BY LOCAL REG.<br><u>6/30/54</u>  |                                  | REGISTRAR'S SIGNATURE<br><u>R. L. Popyoy</u>   |                                       | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>East Bowlin California Mo</u>  |   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADEING 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 *Edward Bonnell*

Licensed Embalmer No. *212*

P. O. Address *Glendon*

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.