

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39897

State File No. ....

FILED DEC 7 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	c. LENGTH OF STAY (In this place) <u>25 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>0804</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>522 South Washington</u>		d. STREET ADDRESS (If rural, give location) <u>522 South Washington</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LOUESA</u>	b. (Middle) <u>MARY</u>	c. (Last) <u>REED</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 22, 1872</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home-making</u>	11. BIRTHPLACE (State or foreign country) <u>Moniteau County, Mo.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Nocholas Wolfrum</u>	13b. MOTHER'S MAIDEN NAME <u>Lena Wolfrum</u>	14. NAME OF HUSBAND OR WIFE <u>John T. Reed</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>*****</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Lillian Voight, 522 S. Wash. Sedalia, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia.</u>		Over 2 months - 8.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio- Vascular Disease. Ascites and Edema.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Inoperable Carcinoma of the Left</u>			Over 2mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Breast- Metastases.</u> <u>Medical treatment only.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</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>4221H</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None.</u>	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 over 2mos. 19 to Dec. 2nd, 1953, that I last saw the deceased alive on Dec. 1st, 1953, and that death occurred at 12.05 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jno. B. Carlisle, M.D.</u>	23b. ADDRESS <u>Sedalia, Missouri.</u>	23c. DATE SIGNED <u>12-3-53.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/4/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Block Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rural Moniteau County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/4/53</u>	REGISTRAR'S SIGNATURE <u>A. G. Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. ...</u>	ADDRESS <u>Sedalia, Mo.</u>
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(Licensed Emballer's Statement on Reverse Side)

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

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 R. E. Baker.....

Licensed Embalmer No. 2419.....

P. O. Address Widakea Mo.....

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.