

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)  
**CERTIFICATE OF DEATH**

124 STATE FILE NUMBER  
69 0047157

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 463

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. Clara Ellen Reeder		2. Female		3. November 20, 1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. White		5a. 88		November 18, 1881	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
6. St. Francois Twp. Farmington-rural		7c. No--		8. Mineral Area Hospital, Farmington	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
9. Missouri		10. USA		11. Widowed	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. _____		13a. Homemaker		13b. _____	
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER	
14. Missouri Madison		4. Marquand		14a. No 14b. Star Route	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. Marion Hughes		16. Isabelle Mackley			
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Herbert L. Reeder		17b. Star Route, Marquand, Missouri, 63655			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) Hypostatic pneumonia		3 DAYS	
DUE TO, OR AS A CONSEQUENCE OF:		(b) Debility and inanition		unknown	
DUE TO, OR AS A CONSEQUENCE OF:		(c) Advanced age			
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		ALITUPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
19a. _____		19b. NO		19c. _____	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a. _____		20b. _____		20c. _____	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20a. _____		20b. _____		20c. _____	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR TO MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	
21a. 10 30 69		21b. 11 20 69		21c. 11 20 69	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR	
22a. _____		22b. _____		22c. 9:40 a.m.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE	
23a. Stanley N. Glick, D.O.		23b. <i>Stanley N. Glick</i>		23c. 11-22-69	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP			
23a. _____		23b. Farmington, Missouri		23c. 63640	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
24a. Burial		24b. Parkview Cemetery		24c. Farmington Missouri	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24a. November 22, 1969		24b. Miller Funeral Home, Inc. 115 W. Columbia, Farmington, Mo.			
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. <i>Carl J. Miller</i>		25b. <i>Catharine Mathews</i>		25c. Nov. 23, 1969	

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

9. 1  
10a. 88 4.0940  
10b. 5. 02  
11. 0  
12. 2  
13. 2699  
14. 4  
15. 4  
16.  
17.  
18. 2  
19. CREDITS  
20. 1-0

Type or print in PERMANENT BLACK INK. See handbook for instructions.

63640

**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 Bulltergal

Licensed Embalmer No. 4120

P. O. Address Farmington 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.