

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 86

DECEASED—NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)				
1. RICHARD			MARTIN			REEDER			2. Male	3. November 3, 1971	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)			AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. White			5a. 95	MOS.	DAYS	HOURS	MIN.	6. July 31, 1876		7a. St. Francois	
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)					
7a. St. Francois Township			7b. No			7c. Farmington State Hospital, Farmington, Mo.					
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			CITIZEN OF WHAT COUNTRY			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
8. Missouri			9. U.S.A.			10. Widowed		11. None			
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY					
12. 489-18-5667			13a. Common labor			13b.					
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION			INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER			
14a. Missouri		14b. St. Francois	Flat River			14c. Yes		14d. 307 Emerson Street			
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			FIRST	MIDDLE	LAST
15. John			Reeder			16. Reagan					
INFORMANT—NAME						MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. Records, Farmington State Hospital, Farmington, Missouri						63640					
PART I. DEATH WAS CAUSED BY:										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE											
(a) Pneumonia											
DUE TO, OR AS A CONSEQUENCE OF:											
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST											
(b) DUE TO, OR AS A CONSEQUENCE OF:											
(c)											
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)								AUTOPSY (YES OF NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		
19a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)								19b. No	19c. No		
DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		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)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS					
20d.		20e.		20g.		20f. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> L&K					
CERTIFICATION—PHYSICIAN:			AND LAST SAW HIM/HER ALIVE ON			I DID/DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.			
21a. I ATTENDED THE DECEASED FROM			21b. Oct. 22, 1971 TO Nov. 3, 1971			21c. Nov. 3, 1971		21d. Did not		21e. 6:15A	
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				
22a.					22b.		22c.				
CERTIFIER—NAME (TYPE OR PRINT)					SIGNATURE			DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. Sloe Sien Tan, M.D.					23b.			23c.		23d. Nov. 12, 1971	
MAILING ADDRESS—CERTIFIER					STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP
23a. Farmington State Hospital, Farmington, Missouri					23b. 63640		23c.		23d.		
BURIAL, CREMATION, REMOVAL (SPECIFY)			CEMETERY OR CREMATORY—NAME			LOCATION					
74a. BURIAL			24b. PARKVIEW CEM.			24c. R.F.D.I. FARMINGTON - MO.					
DATE (MONTH, DAY, YEAR)			FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)								
74d. NOV. 5 - 1971			25a. CALDWELL FUNERAL HOME 711 E. MAIN ST. FLAT RIVER, MO.								
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE			DATE RECEIVED BY LOCAL REGISTRAR					
25b. David C. Caldwell			25c.			25d. 11-16-71					

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/70

9. 0
10a. 95
10b.
11. 0
12. 2
13. 486X
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 20

4.0940

5. 93

DECEASED

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

6.0943

PARENTS

CAUSE

CERTIFIER

BURIAL

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

FEB 23 1972

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 David P. Caldwell

Licensed Embalmer No. 5184

P. O. Address Flat River, 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.