

STANDARD CERTIFICATE OF DEATH

State File No. **31383**

FILED SEP 20 1949

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 5957 Registrar's No. 19

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

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Annada		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Annada	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Isaac	c. (Last) Reid	4. DATE OF DEATH (Month) (Day) (Year) Sept. 11, 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11/20/1878	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milling Elevator Manager	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pike County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Isaac Reid	13b. MOTHER'S MAIDEN NAME Harriet ?	14. NAME OF HUSBAND OR WIFE Myrtle Hunter Reid
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Myrtle Reid - Annada, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION 'DIRECTLY LEADING TO DEATH' (a) Cerebral Hemorrhage		6 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis		yes
DUE TO (c)		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 type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Aug 1, 1949 to Sept 12, 1949, that I last saw the deceased alive on Sept 12, 1949, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.	23b. ADDRESS Chandosville, Mo.	23c. DATE SIGNED 9/14/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/14/49	24c. NAME OF CEMETERY OR CREMATORY Elsberry City Cemetery	24d. LOCATION (City, town, or county) (State) Elsberry, Mo.
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DATE REC'D BY LOCAL REG. 9-14-49	REGISTRAR'S SIGNATURE <i>[Signature]</i> 256	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Elsberry, MO.
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SEP 19 1940

RECEIVED

District Health Officer No. 10

District File Number 9-49-160

Date Filed SEP 19 1940

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed [Signature]

Licensed Embalmer No. 4012

P. O. Address Elaberry, 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.