

FILED OCT 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. 29682

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 296

1. PLACE OF DEATH  
a. COUNTY Cape Girardeau  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau 14 hrs.  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo. b. COUNTY Cape Gir.  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oak Ridge 0160  
d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED  
a. (First) Marzina b. (Middle) Malone c. (Last) Reid

4. DATE OF DEATH (Month) (Day) (Year) Sept 25, 1950

5. SEX Female  
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH March 30, 1869

9. AGE (in years last birthday) 81  
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping  
10b. KIND OF BUSINESS OR INDUSTRY at Home

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Malone  
13b. MOTHER'S MAIDEN NAME Eliza Breckenridge  
14. NAME OF HUSBAND OR WIFE W.S. Reid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME John Reid  
ADDRESS Cape Gir. Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Senility  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Anemia  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Fractured Pelvis

INTERVAL BETWEEN ONSET AND DEATH  
292 X F

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Oak Ridge Cape Gir. Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Sept 24, 1950 1:45 P.M.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR fall

22. I hereby certify that I attended the deceased from Sept 24, 1950, to Sept 25, 1950, that I last saw the deceased alive on Sept 24, 1950, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R.D. Blaylock M.D.

23b. ADDRESS Oak Ridge Mo.

23c. DATE SIGNED Sept 26, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept 27, 1950

24c. NAME OF CEMETERY OR CREMATORY Goshen

24d. LOCATION (City, town, or county) (State) Cape Gir. Co. Mo.

DATE REC'D BY LOCAL REG. 9-26-1950  
REGISTRAR'S SIGNATURE C. C. Sumner

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S. C. Cracraft Jackson, Mo.

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

RECEIVED

OCT 2 1955

STATE BOARD OF HEALTH  
MICHIGAN

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 Embalmer No.....

Signed.....  
Student Embalmer

Signed *H. C. Crocraft*.....

Licensed Embalmer No. *4329*

P. O. Address *Jackson, 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.