

FILED DEC 12 1950

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

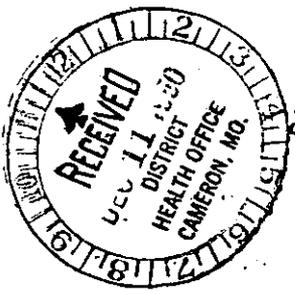
State File No. 36457

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>149</u>	
1. PLACE OF DEATH a. COUNTY <u>C lay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs, Mo.</u>		c. LENGTH OF STAY (In this place) <u>1 mo. 10 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hosp. Excelsior Springs, Missouri</u>				d. STREET ADDRESS (If rural, give location) <u>1517 E. 24th St. Terrace</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oliver</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Reid</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 20, 1950</u>	
5. SEX <u>Male 2</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 28, 1923</u>	
9. AGE (In years last birthday) <u>27</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supply Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bank</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Cloyd J. Reid</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Garrett</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy Reid</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War II</u>		16. SOCIAL SECURITY NO. <u>493345350</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, Veterans Administration Hospital, Excelsior Springs, Missouri</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain abscess, etiology undetermined</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				<u>342X A</u>	
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <u>Pulmonary tuberculosis</u>				<u>ARL</u> <u>Unknown</u>	
19a. DATE OF OPERATION ---		19b. MAJOR FINDINGS OF OPERATION ---				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____		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 <u>Oct. 11</u> , 1950, to <u>Nov. 20</u> , 1950, and that death occurred at <u>12:05 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>ROY K. SMITH</u>				23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>11/20/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-2-1-12-50</u>		24c. NAME OF CEMETERY OR CREMATORY. <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/21/50</u>		REGISTRAR'S SIGNATURE <u>Caroline Hulchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walt Appleton</u>			

(Licensed Embalmers' Statement on Reverse Side) 1905 VINE R.C. MO.

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

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DEC 19 1950

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 *Kenneth T. Taylor*

Licensed Embalmer No. *4437*

P. O. Address *1205 Pine St*

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.