

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1951

State File No. 1646

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3023 Registrar's No. 421

537

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

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>	0532
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>285 Clough St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James Robert</u> b. (Middle) _____ c. (Last) <u>Reid</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29 1951</u>
---	--

5. SEX <u>Male</u> COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 6 1867</u>	9. AGE (In years last birthday) <u>83</u> Months <u>11</u> Days <u>23</u>
---	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer + minister</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	-----------------------------------	---	---

13a. FATHER'S NAME <u>George R. Reid</u>	13b. MOTHER'S MAIDEN NAME <u>Hettie Lewis</u>	14. NAME OF HUSBAND OR WIFE <u>Florence Reid</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Florence Reid</u>	ADDRESS <u>Lebanon Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>unk.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardiovascular renal disease</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>442x</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Nov 15 1950, to Jan 29 1951, that I last saw the deceased alive on Jan 29 1951, and that death occurred at U. S. A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James S. Hope M.D.</u>	23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>2/1/51</u>
---	-------------------------------------	-----------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 31, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cross Roads Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>
---	-----------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>2-2-1951</u>	REGISTRAR'S SIGNATURE <u>Hella S. Gray</u>	424	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u>	ADDRESS <u>Lebanon, Mo.</u>
---	---	-----	--	--------------------------------

Received FEB 3 1951  
Laclede County Health Unit  
File No. 2-51-3412  
Date Filed FEB 5 1951

**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 .....  
Student Embalmer

Signed Dorsey M. Howe  
Licensed Embalmer No. 4222  
P. O. Address Lebanon, 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.