

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29877

State File No. ....

FILED SEP 29 1951

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5364</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>Daviness</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Daviness</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Alta Mont Rural</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Alta Mont Rural Liberty</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mabel</u>			b. (Middle) <u>May</u>		c. (Last) <u>Reid</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-10-51</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>9-29-1889</u>	9. AGE (In years last birthday) <u>61</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. IF UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Sylvester Cook</u>			13b. MOTHER'S MAIDEN NAME <u>Barbera</u>		14. NAME OF HUSBAND OR WIFE <u>James Reid</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Reid Alta Mont Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>carcinoma of the small intestine</u>		endometriosis and adenoma					3 years
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>9 22, 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>carcinoma</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>174x</u>			
22. I hereby certify that I attended the deceased from <u>Sept 7</u> , 19 <u>51</u> , to <u>Sept 10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept 9</u> , 19 <u>51</u> , and that death occurred at <u>5 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John J. ...</u>				23b. ADDRESS <u>Pattonsburg, Mo</u>		23c. DATE SIGNED <u>Sept 10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Air Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Alta Mont Mo</u>	
DATE REC'D BY LOCAL REG. <u>18 Sept 1951</u>		REGISTRAR'S SIGNATURE <u>Virginia M Engelhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs Kate Stouff Winston 40</u>			

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

0310



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 L. O. Richerson

Signed.....

Student Embalmer

Licensed Embalmer No. 3307

P. O. Address Fallston, 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.