0.300
0.48

83
4

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29071

State File No. .....

FILED SEP 9 - 1952

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 241

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Smiley Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly 0893
d. STREET ADDRESS (If rural, give location) 825 Vineal St 0

3. NAME OF DECEASED (Type or Print)
a. (First) Nana
b. (Middle) Snell
c. (Last) Reid

4. DATE OF DEATH (Month) (Day) (Year) 8-29-52

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 7/14/1866
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jackson Burham
13b. MOTHER'S MAIDEN NAME Henrietta
14. NAME OF HUSBAND OR WIFE James Albert Reid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME E. W. Reid — ADDRESS 825 Vineal St Moberly 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ch. Nephritis — 6 Mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION none 592X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none
21c. (CITY, TOWN, OR TOWNSHIP) Moberly (COUNTY) Randolph (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Aug 1, 1952, *to* Aug 29, 1952, *that I last saw the deceased alive on* Aug 27, 1952 *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE C. C. Smith (Degree or title) MD
23b. ADDRESS Moberly, Mo
23c. DATE SIGNED 9-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/31/52
24c. NAME OF CEMETERY OR CREMATORY Dreffing Springs
24d. LOCATION (City, town, or county) Boone Co (State) Mo

DATE REC'D BY LOCAL REG. 8/30/52
REGISTRAR'S SIGNATURE Leah Williams Lowe
25. FUNERAL DIRECTOR'S SIGNATURE Fred A. Thompson
ADDRESS Moberly Mo

209-0 (Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 3282

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.