

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11262**

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> 0161		2. USUAL RESIDENCE (Where deceased lived, by institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u> 0161	
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Green's Ferry Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Green's Ferry Rd.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BETTIE</u> b. (Middle) <u>McCLANE</u> c. (Last) <u>REID</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 21, 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	
8. DATE OF BIRTH <u>July 17, 1863</u>		9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Dak Ridge Mo U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Marion McClane</u>		13b. MOTHER'S MAIDEN NAME <u>Emeline Hinkle</u>		14. NAME OF HUSBAND OR WIFE <u>James W. Reid</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Elmer Kuder Davis</u> ADDRESS <u>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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u>		DUE TO (b) <u>Cardio-vascular disease</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arteriosclerosis and senility</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Arthritis Deformans</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4-2-1</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. 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) (Min)		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 Oct. 10th, 1952 to April 21, 1955; that I last saw the deceased alive on Apr. 21, 1955, and that death occurred at 4:00pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. L. Tindall, M.D.</u> (Name or title)		23b. ADDRESS <u>2 Jackson, Missouri</u>		23c. DATE SIGNED <u>April 24, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 24, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dak Ridge</u>	
		24d. LOCATION (City, town, or county) (State) <u>Dak. Ridge Mo</u>			

DATE REC'D BY LOCAL REG. <u>4/25/55</u>		REGISTRAR'S SIGNATURE <u>Daniel H. Siefert</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>(Miller)</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 6 1957

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 Gene C. Crawford

Signed.....
Student Embalmer

Licensed Embalmer No. 4327

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.