

FILED MAY 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12550**

BIRTH NO. _____ REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **4293** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELS BERRY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsberry 0510	
d. FULL NAME OF HOSPITAL OR INSTITUTION KATIE JANE NURSING HOME		d. STREET ADDRESS (If rural, give location) N. Third St.	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) DAVID	c. (Last) REID	4. DATE OF DEATH (Month) (Day) (Year) APRIL 14-55
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH AUG. 18, 1875	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and State or Foreign Country) RFD-FOLEY, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John M. Reid	13b. MOTHER'S MAIDEN NAME Martha Alexander	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME WALLACE REID-Elsberry, Mo.	ADDRESS _____
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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 two days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4201
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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? _____
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22. I hereby certify that I attended the deceased from **Jan 13, 1955**, to **April 14, 1955**, that I last saw the deceased alive on **April 14, 1955**, and that death occurred at **1:25 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Hall, M.D.	23b. ADDRESS Elsberry, Mo.	23c. DATE SIGNED April 16, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-16-55	24c. NAME OF CEMETERY OR CREMATORY REID	24d. LOCATION (City, town, or county) (State) Elsberry, Mo
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DATE REC'D BY LOCAL REG. 5/11/55	REGISTRAR'S SIGNATURE Mrs. Clarence Kintzler	25. FUNERAL DIRECTOR'S SIGNATURE Charles H. ...	ADDRESS Elsberry, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

570
4

STATEMENT BY LICENSED EMBALMER

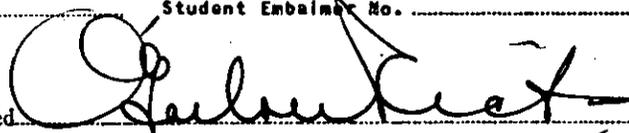
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. _____

4012

P. O. Address _____

Elberry, 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.