

THE DIVISION OF HEALTH OF MISSISSIPPI
STANDARD CERTIFICATE OF DEATH

FILED MAR 22 1956

State File No. **11306****318**PRIMARY REG. DIST. NO. **1003** Registrar's No. **2099**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2099	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mississippi b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) 2 wks		c. CITY OR TOWN Pontotoc		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				e. STREET ADDRESS (If rural, give location) 825 S			
3. NAME OF DECEASED (Type or Print) a. (First) Warren b. (Middle) Harrill c. (Last) Reid			4. DATE OF DEATH (Month) (Day) (Year) 2 - 27 - 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11 - 23 - 1869	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 2 Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR INDUSTRY Health		11. BIRTHPLACE (City and State or Foreign Country) Calhoun Co. Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Reid		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Alice Winona Reid			
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 Mr. A. K. Reid ADDRESS 1022 Oakland Ave.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Fracture of Left Hip; ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis; suffered due to fall at Nursing Home II. OTHER SIGNIFICANT CONDITIONS Coronary Atherosclerosis, No. on Feb 11th				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 1956		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 9047 45 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Nursing Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Festus Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 11 56 ? a.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:20 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE James M. Kelly (Degree or title) Dr. M.D.				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2-28-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/28/56		24c. NAME OF CEMETERY OR CREMATORY New Albany, Mississippi		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. FFB 28 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral ADDRESS 1905 Union Blvd.			

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Warren A. Carver*.....

Licensed Embalmer No. *39*.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.