

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32459

STATE FILE NUMBER

FILED SEP 24 1957

Registration District No. 164 Primary Registration District No. 5601 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural, Warrensburg,</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Kansas City,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>H. Highway #50, Johnson</u>		Length of stay in lb <u>Transit</u> <u>Co. Mo.</u>	d. STREET ADDRESS <u>1200 East 34th. St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>RICHARD MAURICE REID</u>			4. DATE OF DEATH Month Day Year <u>September 14, 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 26, 1931</u>	9. AGE (In years last birthday) <u>26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic for T.W.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Aeroplane Mechanic</u>		11. BIRTHPLACE (City and state or country) <u>Michigan,</u>	
13. FATHER'S NAME <u>George Reid,</u>			14. MOTHER'S MAIDEN NAME <u>Edith Ellison,</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service). <u>yes. Korean Conflict</u>		16. SOCIAL SECURITY NO. <u>384-28-2433</u>		17. INFORMANT Address <u>Mrs. E. Reid, Luddington, Michigan.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a); (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chest and Head Injuries,</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Automobile Accident,</u>					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Auto Accident, U.S. Highway # 50, Johnson County, Mo. West.</u>		
20c. TIME OF INJURY Hour Month, Day, Year <u>4:20AM a. m. 9-14-57</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #50, Missouri</u>		20f. CITY, TOWN, OR LOCATION, <u>Rural, Johnson County, Missouri</u>	
21. I attended the deceased from <u>saw him dead,</u> to on <u>9-14-57</u> and last saw her <u>him</u> alive on _____ Death occurred at <u>4:20 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Kelly Lawless</u> (Degree or title) <u>M.D. Coroner,</u>			22b. ADDRESS <u>Johnson Co., Holden, Missouri</u>		22c. DATE SIGNED <u>9-14-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal,</u>		23b. DATE <u>9-15-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lake View Cemetery,</u>	
				23d. LOCATION (City, town, or county) (State) <u>Luddington, Michigan.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>R.A. Brauninger, Warrensburg, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Sept 15, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Swannick Cuthfield</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

