

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32927**
Registrar's No. **388**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 4408		Registrar's No. 388			
1. PLACE OF DEATH a. COUNTY Pelliss				2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE Missouri b. COUNTY Pelliss					
b. CITY OR TOWN Smithton		c. LENGTH OF STAY (in this place) 50 yrs		c. CITY OR TOWN Smithton		d. Residence within limits of a city or incorporated town? Yes ☐ No ☐			
d. FULL NAME OF HOSPITAL OR INSTITUTION at home in Smithton				e. STREET ADDRESS (If rural, give location) 0800					
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) Harvey		c. (Last) Reid			
4. DATE OF DEATH		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed			
8. DATE OF BIRTH Aug 29-61		9. AGE (In years last birthday) 96		10. MONTH 9		11. DAY 19			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpentering				10b. KIND OF BUSINESS OR INDUSTRY Carpentering					
11. BIRTHPLACE (City and State or Foreign Country) Immigrants Kentucky				12. CITIZEN OF WHAT COUNTRY? U.S.					
13a. FATHER'S NAME William Reid				13b. MOTHER'S MAIDEN NAME Do not know		14. NAME OF HUSBAND OR WIFE wife deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Cleo Sutherland Smithton 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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular Disease 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. INTERVAL BETWEEN ONSET AND DEATH _____				19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 4221	
20. AUTOPSY? 2 YES ☐ NO ☒				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)				21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)				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 March 1957 , to Sept 1957 , that I last saw the deceased alive on Sept 18, 1957 , and that death occurred at 8 P. M. , from the causes and on the date stated above.				23a. SIGNATURE P. V. Siegel MD (Deputy Registrar)	
23b. ADDRESS Smithton Mo				23c. DATE SIGNED 9/19/57				24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Sept 21-57				24c. NAME OF CEMETERY OR CREMATOR Smithton				24d. LOCATION (City, town, or county) (State) Smithton Mo	
DATE REC'D BY LOCAL REG. 9-20-57				REGISTRAR'S SIGNATURE Frances Shelby				25. FUNERAL DIRECTOR'S SIGNATURE R. F. Henninger ADDRESS Smithton Mo	

(Licensed Embalmers' Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed... *A. F. Hammer*

Licensed Embalmer No. *3912*

P. O. Address *Smithton*

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.