

FILED JAN 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3909

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY St, Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St, Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		c. CITY OR TOWN Kirkwood 4703	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 136a S.Kirkwood Rd		d. STREET ADDRESS (If outside, give location) 136a S. Kirkwood Rd	
Length of stay in lb 4Yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Mary Elizabeth Reed			4. DATE OF DEATH Month Day Year January 8 58		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec, 24, 1898	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager	10b. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (City and state or country) Dyersburg, Tennessee	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13. FATHER'S NAME John W. Hollis	14. MOTHER'S MAIDEN NAME Unknown
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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. unknown	17. INFORMANT Elmer Reed	Address 136a Kirkwood Road
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary of the Heart</i>		INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____ 175.0	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 10/1/57 to 1/8/58 and last saw her alive on 1/8/58.
Death occurred at 11/8/58 4:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (In case or title) Charles R. Burnside M.D.	22b. ADDRESS 206 N. Clay	22c. DATE SIGNED 1/8/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/8/57	23c. NAME OF CEMETERY OR CREMATORY Hornersville	23d. LOCATION (City, town, or county) (State) Hornersville Missouri
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24. FUNERAL DIRECTOR Emerson	ADDRESS Hornersville	25. DATE RECD. BY LOCAL REG. Jan 8, 1958	26. REGISTRAR'S SIGNATURE Herbert R. Donkers
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(Licensed Embalmer's Statement on Reverse Side)

with, welfare, public, services, 300, -56, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no answer. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Tom V. Chilson*

Licensed Embalmer No. *84*

P. O. Address *Forest*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.