

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010143
STATE FILE NUMBER
1317

FILED MAR 31 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1317

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

T. Reid Jones

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input 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>St Luke's Hospital</u> Length of stay in lb <u>34 years</u>		d. STREET ADDRESS (If outside, give location) <u>3525 Olive</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ESTES</u> Middle <u>EARL</u> Last <u>REID</u>		4. DATE OF DEATH Month <u>March</u> Day <u>11</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>October 21, 1889</u>
9. AGE (In years, last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u>26</u> Min. <u>00</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Fireman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K. G. Bauer Light Co</u>	11. BIRTHPLACE (City and state or country) <u>Morgan County, Indiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		13. FATHER'S NAME <u>Hastor Reid</u>	
14. MOTHER'S MAIDEN NAME <u>Margaret Biss</u>		15. NAME OF HUSBAND OR WIFE <u>Eunice Reid</u>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. SOCIAL SECURITY NO. <u>486-03-8407</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>Pulmonary emboli</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Thrombophlebitis right superior vein</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) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>5 weeks</u> <u>4 1/2 wks</u>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ Month _____ Day _____ Year _____ a.m. _____ 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 _____	
21. I attended the deceased from <u>Feb. 1958</u> to <u>March 11, 1958</u> and last saw him alive on <u>March 10, 1958</u> Death occurred at <u>7:45 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>T Reid Jones</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>411 Nichols Rd</u>	
22c. DATE SIGNED <u>3.11.58</u>		22d. _____	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>		23b. DATE <u>March 12, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bloomington Indiana</u>	
24. FUNERAL DIRECTOR <u>Hilke Funeral Home</u> ADDRESS <u>2315 Lenwood</u>		25. DATE RECD. BY LOCAL REG. <u>3-12-58</u>	
26. REGISTRAR'S SIGNATURE <u>neva mitchell</u>		_____	

*Dr. J. Reid Jones
411 Nichols Rd
Sta 1 - 1330*

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 *Chas. P. Wilks*

Licensed Embalmer No. *2644*
P. O. Address *H. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.