

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037329

STATE FILE NUMBER

FILED OCT 20 1958

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 395

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sadalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Sadalia</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rothwell Hospital</u>			Length of stay in 1b <u>Life</u>		d. STREET ADDRESS (If outside, give location) <u>Buena Vista Home 1 mi. north</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Jesse</u> Middle <u>MARSH</u> Last <u>Reid</u>				4. DATE OF DEATH Month <u>Oct</u> Day <u>15</u> Year <u>1958</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>July 24 1894</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retail</u>		11. BIRTHPLACE (City and state or country) <u>Sadalia Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>William S. Reid</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Gertrude Marsh</u>			14. NAME OF HUSBAND OR WIFE <u>Julia</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>500-10-5076</u>		17. INFORMANT <u>James Reid</u>		Address <u>1819 W. 3rd Sadalia Mo</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>BASILAR BRONCHO PNEUMONIA</u> DUE TO (b) <u>FRACTURE - TROCHANTERIC</u> DUE TO (c) <u>RIGHT HIP.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Central nervous system Lesions.</u>								INTERVAL BETWEEN ONSET AND DEATH <u>9020 B 21</u>	
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>Fell when he got out of bed</u>						
20c. TIME OF INJURY Hour <u>?</u> Month <u>?</u> Day <u>?</u> Year <u>?</u> a.m. <u>?</u> p.m. <u>?</u>			20d. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.) <u>Home</u>						
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>Sadalia</u>		132 COUNTY <u>Pettis</u>		STATE <u>Mo</u>		
21. I attended the deceased from <u>Aug 23 58</u> to <u>DEATH</u> and last saw him/her alive on <u>Oct-15-58</u> Death occurred at <u>5:10 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Karl A. Jones Mo</u>				22b. ADDRESS <u>Sadalia Mo</u>				22c. DATE SIGNED <u>17 Oct 58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-17-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		23d. LOCATION (City, town, or county) <u>Sadalia</u>		(State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>McLaughlin Bros</u>				ADDRESS <u>Sadalia</u>		25. DATE RECD. BY LOCAL REG. <u>10-17-1958</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	

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 *Philip M. McLaughlin*

Licensed Embalmer No. *3729*

P. O. Address, *Seclavia*

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.