

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044358

STATE FILE NUMBER

5839

REG DEC 30 1958 Registration District No. 149 Primary Registration District No. 1-0-2 Registrar's No. 5839

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LAFAYETTE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>LEXINGTON</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3025 Lister Ave - 3 W. Bldg.</b>		d. STREET ADDRESS (If outside, give location) <b>0540 HWY # 24</b>	

3. NAME OF DECEASED (Type or print) First <b>Edna</b> Middle <b>Reid</b> Last <b>Reid</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>9</b> Year <b>1958</b>		
5. SEX <b>1</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>8-6-1900</b>	9. AGE (In years last birthday) <b>58</b> IF UNDER 1 YEAR: Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b> IF UNDER 24 HRS. Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grade School</b>		11. BIRTHPLACE (City and state or country) <b>Henrietta Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>		13a. FATHER'S NAME <b>John J. Reid</b>		13b. MOTHER'S MAIDEN NAME <b>MARSHALL-STIGALL</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>	
17. INFORMANT <b>Mrs. Harry Hochensmith N.C. Mo.</b>		Address <b>3025 Lister</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary artery occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary artery atherosclerosis</b>			
DUE TO (c) <b>Diabetes mellitus</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</b>			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 <b>6:55</b> Month <b>March</b> Day <b>1958</b> 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 <b>Richmond, Mo</b>	COUNTY	STATE
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21. I attended the deceased from **March 1958** to **Dec. 9, 1958** and last saw <sup>her</sup> alive on **11-25-58**  
Death occurred at **6:55** p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Charles S. Cooper M.D.</b>	(Degree or title) <b>M.D.</b>	22b. ADDRESS <b>1226 Rialto Bldg</b>	22c. DATE SIGNED <b>12-9-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-16-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>-</b>	23d. LOCATION (City, town, or county) (State) <b>Richmond, Mo</b>
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24. FUNERAL DIRECTOR <b>Quest-Life Funeral Home</b> Richmond, Missouri	25. DATE RECD. BY LOCAL REG. <b>12-10-58</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshel</b>
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(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service  
300  
-57  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs of disease in Part I must be causally related.  
Charles S. Cooper  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

2  
A

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 *Morris D. Bailey* .....

Licensed Embalmer No. *4387* .....

P. O. Address *Richmond, Va* .....

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.