

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006661
STATE FILE NUMBER

FILED FEB 18 1958 Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 10

300
-57

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MO b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bowling Green Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Bowling Green Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOBILE Length of stay in 1b		d. STREET ADDRESS (If outside give location) J Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last John Robert Reid			4. DATE OF DEATH Month Day Year JAN 29 1958
5. SEX MALE	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 July 23 1918
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 35 IF UNDER 1 YEAR Months Days Hours Min. 5 5 7
11. BIRTHPLACE (City and state or country) Limorek, MO U.S.A.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME JAMES REID		13b. MOTHER'S MAIDEN NAME ANNA SANKATOR	14. NAME OF HUSBAND OR WIFE KATE B. REID
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. Yes	17. INFORMANT Address Mrs. Kate B. Reid, Cyrene MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary paralysis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Circulatory failure DUE TO (c) Complete heart block			INTERVAL BETWEEN ONSET AND DEATH minutes days months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4330			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 12-27-58 to 1-29-59 and last saw ^{her} _{him} alive on 1-28-59 Death occurred at 9:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Do give or title) Robert A. Breaks D.O.		22b. ADDRESS Bowling Green, Mo	22c. DATE SIGNED 2-6-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE JAN 31 1959	23c. NAME OF CEMETERY OR CREMATORY Oak Grove	23d. LOCATION (City, town, or county) (State) PIKE CO. MO
24. FUNERAL DIRECTOR Grace Bankhead ADDRESS Bowling Green MO		25. DATE RECD. BY LOCAL REG. 2-9-59	26. REGISTRAR'S SIGNATURE Bill Robinson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Harold C. Kirk*

Licensed Embalmer No. *4597*
P. O. Address *Danville, Tenn*

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.