

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-025831**

**FILED VS AUG 14 1959**

Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 27

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Elsberry</b>		c. CITY OR TOWN <b>Elsberry</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		d. STREET ADDRESS (If outside, give location) <b>Dubois St.</b>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Amy Letita Reid</b>			4. DATE OF DEATH Month Day Year <b>August 4 1959</b>		
--	--	--	--	--	--

5. SEX <b>Female</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>Jan. 27 1869</b>	9. AGE (last birthday) <b>90</b>	IF UNDER 1 YEAR Months Days Hours Min. <b>6 7</b>	IF UNDER 24 HR Hours Min.
-------------------------	----------------------------------	---	---	-------------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired school teacher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>teaching</b>	11. BIRTHPLACE (City and state or country) <b>Elsberry Lincoln Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
--	--	---	--

13a. FATHER'S NAME <b>Thomas Robinson Reid</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Elizabeth Wallace</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>none</b>	17. INFORMANT Address <b>H.S. Miller Elsberry, Missouri</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>Cerebral thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

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. p.m. Month, Day, Year	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 <b>July 31, 1958</b> to <b>August 4, 1959</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>August 4, 1959</b> Death occurred at <b>10:45 P.M.</b> <b>A</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE <b>Robert M. Hull DO</b> (Degree or title)	22b. ADDRESS <b>Elsberry Missouri</b>	22c. DATE SIGNED <b>Aug. 4 '59</b>
--	--	---------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-6-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Reid Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Okete, Lincoln, Missouri</b>
--	------------------------------	--	--

24. FUNERAL DIRECTOR ADDRESS <b>Clifton Miller Elsberry, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>8/6/59</b>	26. REGISTRAR'S SIGNATURE <b>Mrs Clarence Kientz</b>
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsbey, 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.