ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028790
STATE FILE NUMBER

AMENDED

Registration District No. 998 Primary Registration District No. _____ Registrar's No. 97

FILED AUG 22 1961

1. PLACE OF DEATH
a. COUNTY DAVIESS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WINSTON — Length of stay in 1b: 78 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY DAVIESS
c. CITY OR TOWN WINSTON — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: RANSOM Middle: WHEELER Last: REID
4. DATE OF DEATH Month: AUGUST Day: 11 Year: 1961
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-25-1877
9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months 6 Days 16 — IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RURAL MAIL CARRIER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): WINSTON MO
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: DANIEL REID
13b. MOTHER'S MAIDEN NAME: SARAH MILLER
14. NAME OF [redacted] OR WIFE: LOU 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.:
17. INFORMANT: PAUL SMITH. Address: WINSTON, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Several months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) senility
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Dec 1960 to aug 11.1961 and last saw ~~him~~ alive on aug 9.1961
Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Fred K Lewelson MD
22b. ADDRESS: Winston MO
22c. DATE SIGNED: aug 12.61
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 8-13-61
23c. NAME OF CEMETERY OR CREMATORY: WINSTON
23d. LOCATION (City, town, or county): WINSTON (State) MO
24. FUNERAL DIRECTOR: Virgil V. Strong ADDRESS: Winston, MO
25. DATE RECD. BY LOCAL REG.: 14 aug. 1961
26. REGISTRAR'S SIGNATURE: Virgil V. McCaughey

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

AUG 23 1961

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 Virgil U. Strong

Licensed Embalmer No. 4074

P. O. Address Winston, 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.