MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-031689
STATE FILE NUMBER

Registration District No. XXX 181 Primary Registration District No. 4293 Registrar's No. 33

FILED AUG 30 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0570
2 0570
3 2
4 1
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12 90-3
13 3-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY LINCOLN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elsberry — Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 412 N. Third St. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lincoln
c. CITY OR TOWN Elsberry — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 412 N. Third St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First DOROTHY Middle MELOAN Last REID

4. DATE OF DEATH: Month August Day 25 Year 1962

5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: May 11, 1910
9. AGE (last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Bus Company Owner & Operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Elsberry, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Ray Meloan
13b. MOTHER'S MAIDEN NAME: Elsie Mayes
14. NAME OF HUSBAND OR WIFE: Harry S. Reid- dec'd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
16. SOCIAL SECURITY NO.: (If yes, give war or dates of service): none
17. INFORMANT: Kathryn Galloway Address: Elsberry, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Gunshot Wound, Left Temple, .22 Cal. Rifle — INTERVAL BETWEEN ONSET AND DEATH: ??

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Self-Inflicted
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. ☐ 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.) Subject placed plastic sheet on floor, laid on it and shot self with rifle, left two notes. Had Attempted suicide 8/24/62 with sleeping pills.
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 7:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph J. Marsh Jr. (Degree or title) Coroner
22b. ADDRESS Troy, Missouri
22c. DATE SIGNED 8/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 26, 1962
23c. NAME OF CEMETERY OR CREMATORY Elsberry City Cemetery
23d. LOCATION (City, town, or county) (State) Elsberry, Missouri

24. FUNERAL DIRECTOR O'Garlan Ricks
ADDRESS Elsberry, Mo.
25. DATE RECD. BY LOCAL REG. 8-29-62
26. REGISTRAR'S SIGNATURE Ray T. Pearl by M.L.

(Licensed Embalmer's Statement on Reverse Side)

OCT 16 1962

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 _____

Licensed Embalmer No. 4012

P. O. Address Eldorado, 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.