MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=62-035818

STATE FILE NUMBER

Registration District No. 305 Primary Registration District No. 4452 Registrar's No. 21

FILED OCT 1 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	0922
2	0922
3	
4	1
5	2
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11	
12	90-2
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wentzville — Length of stay in 1b 2 Yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 620 Ball — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Charles
c. CITY OR TOWN Wentzville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 620 Ball St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Victoria Middle Anna Last Reid

4. DATE OF DEATH Month September Day 11 Year 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 4/29/1879

9. AGE (last birthday) 83 — 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) Home Duties

10b. KIND OF BUSINESS OR INDUSTRY House Work

11. BIRTHPLACE (City and state or country) Wentzville Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Robert May

13b. MOTHER'S MAIDEN NAME Scruggs

14. NAME OF HUSBAND OR WIFE Frank C. Reid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT Denzil Hamby Address Cottleville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	MYOCARDIAL DEGENERATION	2 YRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	ARTERIOSCLEROSIS	10 YRS.
DUE TO (c)	HYPERTENSION	10 YRS.

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 SEPT. 1945, to SEPT. 1962 and last saw her/him alive on SEPT. 10, 1962

Death occurred at 11:00 P.M. SEPT. 11, 1962 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. E. Borgesen D.O.

22b. ADDRESS WENTZVILLE, MISSOURI

22c. DATE SIGNED 9/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9/14/1962

23c. NAME OF CEMETERY OR CREMATORY Linn Cemetery

23d. LOCATION (City, town, or county) (State) Wentzville Mo.

24. FUNERAL DIRECTOR ADDRESS T.E. Pitman Funeral Home 909 Pitman Ave. Wentzville, Mo.

25. DATE RECD. BY LOCAL REG. Sept 16 1962

26. REGISTRAR'S SIGNATURE Martin F. Puff

(Licensed Embalmer's Statement on Reverse Side)

OCT 10 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 Howard O Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.