MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE Primary Registration District No. 3008 Registrar's No. Registration District No. DO NOT WRITE AMENDED ON THIS STUB FILED JUL 5 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH b. county Marion a. COUNTY VS 300 admission) AMENDED Missouri Callaway Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN TOWN Yes 🔃 No 🗌 mos. 2 Wks Munroe City c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside give location) Reside on Farm DATE. HOSPITAL OR **ADDRESS** INSTITUTION Yes 🕁 No 🗀 Yes 🔲 No 📜 Unknown State Hospital 3. NAME OF DECEASED Middle DATE (Type or print) DEATH Jane July 19 66 Kathryn 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR 6. COLOR OR RACE 7. Married | DATE OF BIRTH 5. SEX Never Married □ Months White Widowed □ Divorced K Female 10b. KIND OF BUSINESS OR INDUSTRY 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) U.S.A. FOLLOWS Hannibal, Missouri unknown 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13a, FATHER'S NAME W.R. Reid Elizabeth White William A. Reed Jr. 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no nor unknown) (If yes, give war or dates of service) 500-36-3249 Mrs. W. R. Reid Munroe City, Mo. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN DOCUMENT ONSET AND DEATH 10 IMMEDIATE CAUSE (a) 능 11 NSTEAD Conditions, if any, DUE TO (b) which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was disease condition given in PART I (a) there a pregnancy in last 90 days. AMENDMENTS √E No □ Unknown 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART I or PART II of item 18.) 19. WAS AUTOPSY PERFORMED? YEST NO 20c. TIME OF Hour Month, Day, Year RIBBON INJURY a.m. USE BLACK INK 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY farm, factory, street, office bldg., etc.) NOT WHILE AT WORK *TYPEWRITER* READ -1 Jul⊽ 1966 July 1966 \_and last sawithin alive on\_ 21. I attended the deceased from.  ${f p}_{\sf m}$  on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred at 22b. ADDRESS 22c. DATE SIGNED 22a, SIGNATURE 尚 Ξ State Hospital #1 1 July **10**6 23a, BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) AFFIDA\ S S Reid Cemetery 4.1966 ITEM 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Garner Funeral Home, Monroe City, Mo (Licensed Embalmer's Statement on Reverse Side)

## 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.	
StudentSignature of Student Embalmer	Signed Denzil C. Browning
organists of discont Embanner	Licensed Embalmer No. 2724
	P. O. Address Thulton, Ma,

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.