

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4407

State File No. _____

FILED FEB 26 1949

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. <u>MO 160</u>		Registrar's No. <u>22</u>			
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Daviess</u>					
b. CITY OR TOWN <u>Winstona</u>		c. LENGTH OF STAY (in this place) <u>Life time</u>		c. CITY OR TOWN <u>Winstona</u>		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRGIL</u>			b. (Middle) <u>MADISON</u>		c. (Last) <u>REID</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 29 1949</u>		
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>1989</u>		9. AGE (In years last birthday) <u>59</u>	
						10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurant</u>		11. BIRTHPLACE (State or foreign country) <u>WEATHERBY</u>	
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JAMES MADISON REID</u>			13b. MOTHER'S MAIDEN NAME <u>COB B</u>			14. NAME OF HUSBAND OR WIFE <u>Minnie Reid</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>712-12-4656</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jack E Reid</u>			ADDRESS <u>Winstona Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina pectoris</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks from first attack</u>	
				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1. no</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Jan 10, 1949</u> to <u>Jan 29, 1949</u> , that I last saw the deceased alive on <u>Jan 28, 1949</u> , and that death occurred at <u>1:00 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Fred Wilson</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Winstona Mo</u>				23c. DATE SIGNED <u>Jan 30 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>JAN 31-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Winstona Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Winstona Mo</u>			
DATE REC'D BY LOCAL REG. <u>16 Feb. 1949</u>		REGISTRAR'S SIGNATURE <u>Virginia M Engacher</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Kati Ostrander</u> ADDRESS <u>Winstona Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed _____

L. O. Richerson

Signed _____
Student Embalmer

Licensed Embalmer No. 3302

P. O. Address Gallatin, Md.

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 this body is not embalmed, fact should be so stated above.