

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15470

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 150

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

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville	
c. LENGTH OF STAY (In this place) 10 yrs		d. STREET ADDRESS (If rural, give location) 402 E. Randolph St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 402 E. Randolph St.			

3. NAME OF DECEASED (Type or Print) a. (First) Kate	b. (Middle)	c. (Last) Reid	4. DATE OF DEATH (Month) (Day) (Year) May 29, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3/27/1852	9. AGE (In years last birthday) 99	10. UNDER 1 YEAR Months	11. UNDER 2 MRS. Hours	12. UNDER 2 MRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Logansport, Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lewis Van Meter	13b. MOTHER'S MAIDEN NAME Rebecca Johnson	14. NAME OF HUSBAND OR WIFE Alex Reid
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Kate Buck, Kirksville, Missouri	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Insufficient stores of old age		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Heart Failure		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 28, 1950** to **May 29, 1951**, that I last saw the deceased alive on **May 29, 1951**, and that death occurred at **6:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. J. Conner M.D.	23b. ADDRESS Kirksville, Missouri	23c. DATE SIGNED 5-30-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/1/51	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Eagleville, Missouri
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DATE REC'D BY LOCAL REG. 5-31-51	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Reid	ADDRESS Kirksville, Mo.
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Date Received: JUN 7 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-1052
Date Filed: JUN 7 1951

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.....

.....
working under my personal supervision.

.....
~~Student Embalmer No.~~.....

Signed.....
Student Embalmer

Signed *Wm. Hooper*.....

Licensed Embalmer No. *4119*.....

P. O. Address *Kirkville 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 this body is not embalmed, fact should be so stated above.