

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23988

State File No. _____

FILED AUG 1 1951

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5929 Registrar's No. 238

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Houstonia (R)</u>		c. LENGTH OF STAY (In this place) <u>39</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Houstonia (Rural)</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 0803</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Reid</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 19 51</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar 8, 1874</u>		9. AGE (In years last birthday) <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Rock Bridge Co. Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>William Reid</u>		13b. MOTHER'S MAIDEN NAME <u>America Rapp</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Reid Houstonia</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alma Reid Houstonia 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)		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~~ ^{viewed} the deceased as above, 10 ~~from~~ ^{at} 0803, 10, that I last saw the deceased alive on 10, and that death occurred at 6:45A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. Gordon Sawfish</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>Commerz Pettis Co.</u>		23c. DATE SIGNED <u>7-19-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7-22-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Houstonia</u>	24d. LOCATION (City, town, or county) (State) <u>Houstonia Mo</u>		

DATE REC'D BY LOCAL REG. <u>7-22-1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heathcock Houstonia</u>		
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RECEIVED 7-31-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-31-51

907 89 295

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 _____
Student Embalmer

Signed *D. H. Smiley*

Licensed Embalmer No. 3987

P. O. Address *Houstonia 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.