

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27153  
3609

State File No. ....

Registrar's No. ....

FILED SEP 1 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....							
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>7 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>2024 Lawn</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>				d. STREET ADDRESS (If rural, give location) <u>2024 Lawn</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u>			b. (Middle) <u>M.</u>		c. (Last) <u>Reid</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 22 51</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5-3-92</u>		9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Henrietta, Missouri</u>				12. COUNTRY OF WHAT CITIZENRY? <u>USA</u>			
13a. FATHER'S NAME <u>Alexander Bayne</u>				13b. MOTHER'S MAIDEN NAME <u>Ella Williams</u>				14. NAME OF HUSBAND OR WIFE <u>Jas. T. Reid</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jas. T. Reid, 2024 Lawn, K. C., Mo.</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary infarction</u>										<u>mit</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Multiple pulmonary emboli</u>											
		DUE TO (c) <u>Post operative Wertheim operation for Carcinoma of cervix</u>											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION										20. AUTOPSY? YES <input checked="" 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) m.		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>August 7, 19 51</u> , to <u>August 22, 19 51</u> , that I last saw the deceased alive on <u>August 22, 19 51</u> , and that death occurred at <u>9:22A m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>B.I. Burns (Degree or title)</u>						23b. ADDRESS <u>24th &amp; Cherry</u>			23c. DATE SIGNED <u>8-23-51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal &amp; Burial</u>		24b. DATE <u>8-25-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lexington</u>			24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>						
DATE REC'D BY LOCAL REG. <u>8-23-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar, Kansas City, Mo.</u>							

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

*W. J. Williams*

**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 *Max St. Kirkendall*

Licensed Embalmer No. *4632*

P. O. Address *F. C., 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.