

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35362**  
94

FILED NOV 3 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>CLINTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>CLINTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAMERON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAMERON</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>605 E 6<sup>th</sup> St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>605 E 6<sup>th</sup> St</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNIE</b> b. (Middle) <b>ELIZABETH</b> c. (Last) <b>REID</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 25 53</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>Sept 18 - 1873</b>		9. AGE (In years last birthday) Months Days <b>80</b>		10. USUAL OCCUPATION (If he's kind of work done during most of working life, even if retired) <b>at home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. KIND OF BUSINESS OR INDUSTRY <b>✓</b>	

13a. FATHER'S NAME <b>Daniel B Everman</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Crow</b>		14. NAME OF HUSBAND OR WIFE <b>Eliood Reid</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Raymond Hartie Cameron</b>	

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) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>	
		ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>		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) 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 **1951**, 19 **10-25**, 19 **53** that I last saw the deceased alive on **10-24**, 19 **53** and that death occurred at **11:57** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. J. Kinney M.D.</b>		23b. ADDRESS <b>Cameron, Mo</b>		23c. DATE SIGNED <b>10-27-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-28-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>alta Vista</b>	
24d. LOCATION (City, town, or county) (State) <b>alta Vista Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Winifred W. Moser</b>		ADDRESS <b>Poland Funeral Home Cameron</b>	
DATE REC'D BY LOCAL REG. <b>10-30-53</b>		REGISTRAR'S SIGNATURE <b>59000</b>			

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

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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 Robert F. Paland

Licensed Embalmer No. 4777

P. O. Address 222 West 9th St  
Cameron Miss

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.