

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**8457**

State File No. \_\_\_\_\_

No. 300  
10-48

**FILED APR 14 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 13

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution; residence before admission)		
a. COUNTY <u>Iron</u>			a. STATE <u>Missouri</u>		b. COUNTY <u>Iron</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pilot Knob Aradia</u>		c. LENGTH OF STAY (in this place) <u>50 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pilot Knob Aradia</u>		<u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <u>Susie</u>	b. (Middle) <u>Pie</u>	c. (Last) <u>Reid</u>	(Month) <u>3</u>	(Day) <u>30</u>	(Year) <u>54</u>
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>Colored</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>12/25/84</u>	<b>9. AGE</b> (In years last birthday) <u>79</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>House keeper</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Lake City, Miss.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Edward Pie</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>unknown</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Thornton Reid Pilot Knob</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Thornton Reid Pilot Knob Mo.</u>

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Myocardial Degeneration</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4222</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** Mar 10, 1954, to Mar 30, 1954, that I last saw the deceased alive on Mar 30, 1954, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>J. H. McIndoo M.D.</u>	<b>23b. ADDRESS</b> <u>Ironton, Mo.</u>	<b>23c. DATE SIGNED</b> <u>4-3-54</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>4/4/54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Colored Cemetery</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Ironton Mo.</u>		

<b>DATE REC'D BY LOCAL REG.</b> <u>4-5-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mrs. Aris Jones</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. J. ...</u>	<b>ADDRESS</b> <u>Funeral Home Ironton Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

10556 APR 18 1970

VS APR 18 1970

**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 \_\_\_\_\_

*C. A. Hamell*

Licensed Embalmer No. *3670*

P. O. Address *Fronton, 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.