

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19141

State File No. _____

FILED JUN 23 1955

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 237

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY OR TOWN <u>Joplin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>30 years</u>		e. STREET ADDRESS (If rural, give location) <u>614 Hampton Place.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>			b. (Middle) <u>T.</u>		c. (Last) <u>Reid</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-4-1955</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 17, 1874</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Searcher M. D.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Medicine</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Cherokee, Kansas</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Hugh Reid</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Durkin</u>			14. NAME OF HUSBAND OR WIFE <u>Cassie Reid</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cassie Reid</u>		ADDRESS <u>Joplin, Mo</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis Hemorrhage.</u>					
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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. <u>Pneumonia Right Lower Lobe - 3 days</u> <u>arteriosclerosis heart</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Success</u>		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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. Koehler, M.D.</u> (Degree or title)		23b. ADDRESS <u>805 Frisco Bldg Joplin, Mo</u>		23c. DATE SIGNED <u>6/6/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>6-6-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>6-16-55</u>		REGISTRAR'S SIGNATURE <u>by Delores James 138</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Franklin DeLeon</u>		ADDRESS <u>Joplin, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

REC'D JUN 24 1955

Date Filed JUN 21 1955

MAY 4 1956

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.....
Signature of Student Embalmer

Signed *William E. Huddleston*.....

Licensed Embalmer No. *4770*

P. O. Address *Spokane, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.