

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40290**

| | | | | | | | |
|---|--|---|---|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 333 | | PRIMARY REG. DIST. NO. 3074 | | Registrar's No. 172 | |
| 1. PLACE OF DEATH a. COUNTY Scott | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Scott | | | |
| b. CITY OR TOWN Likeston | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN Likeston | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 103 North Hardy | | | | e. STREET ADDRESS (If rural, give location) 103 North Hardy 100⁰ | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Lillian | | b. (Middle) E. | | c. (Last) Reid | | 4. DATE OF DEATH (Month) (Day) (Year) 10-30-1956 | |
| 5. SEX Female | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Dec 4, 1870 | |
| 9. AGE (in years last birthday) 85 | | IF UNDER 1 YEAR Months 8 Days 26 | | IF UNDER 24 HRS. Hours _____ Mins. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | | 11. BIRTHPLACE (City and State or Foreign Country) Kentucky | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Thomas Reid | | 13b. MOTHER'S MAIDEN NAME Mary Martin | | 14. NAME OF HUSBAND OR WIFE (Deceased) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Anna Hard ADDRESS Likeston, Mo | | | |
| 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH 10 min. ANTECEDENT CAUSES DUE TO (b) Gen-arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 11. 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 332x | | | | | |
| 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) _____ | | 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 Jan., 1955 , to 10-30, 1956 , that I last saw the deceased alive on 10-20, 1956 , and that death occurred at 5:00 a.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) E. D. Urban M. D. | | | | 23b. ADDRESS Likeston, Mo. | | 23c. DATE SIGNED 10-31-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10-1-56 | | 24c. NAME OF CEMETERY OR CREMATORY Grundy Memorial | | 24d. LOCATION (City, town, or county) (State) Likeston, Mo. | |
| DATE REC'D BY LOCAL REG. 11-5-56 | | REGISTRAR'S SIGNATURE Mrs. Ollie Hunter | | 25. FUNERAL DIRECTOR'S SIGNATURE Shelton Funeral Home | | ADDRESS Likeston, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED NOV 13 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 116-239

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 J. E. McPherson
Licensed Embalmer No. 4629

P. O. Address Charleston

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.