

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013700

STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 98 Primary Registration District No. 4160 Registrar's No. 48

300
1-57

310

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>DAVIESS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>DAVIESS</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>WINSTON</u>		c. CITY OR TOWN <u>WINSTON</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>BINA</u> Middle <u>REID</u> Last <u>REID</u>		4. DATE OF DEATH Month <u>4</u> Day <u>16</u> Year <u>58</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-28-1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>DEKALB COUNTY</u>
10c. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>JOSEPH ARMSTRONG</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BLEDSOE</u>	
14. NAME OF HUSBAND OR WIFE <u>CLARENCE 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>491-22-8088</u>		17. INFORMANT Address <u>Ethelene Osborn, Weatherly, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c):) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension - several years</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Several years.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <u>443x</u>		20f. COUNTY STATE	
21. I attended the deceased from _____ to _____ Death occurred at <u>July 10 3: a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from <u>July 10</u> to <u>10</u> and last saw <u>her</u> alive on <u>April 16, 1958</u>	
22a. SIGNATURE <u>Fred W. Wilson, M.D.</u>		22b. ADDRESS <u>Winston Mo</u>	
22c. DATE SIGNED <u>4/12/58</u>		22d. LOCATION (City, town, or county) (State) <u>WINSTON MO</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>4-19-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>WINSTON</u>		23d. LOCATION (City, town, or county) (State) <u>WINSTON MO</u>	
24. FUNERAL DIRECTOR <u>Virgil Strauss</u>		25. DATE RECD. BY LOCAL REG. <u>4-29-58</u>	
ADDRESS <u>Winston Mo</u>		26. REGISTRAR'S SIGNATURE <u>Virginia M Engelbert</u>	

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 *L. O. Dickerson*

Licensed Embalmer No. *3302*
P. O. Address *Tallahassee*

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.