

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-0261198  
STATE FILE NUMBER

FILED AUG 8 1958 Registration District No. 170 Primary Registration District No. 30 33 Registrar's No. 125

300  
1-57

C7

1. PLACE OF DEATH a. COUNTY <i>Laclede</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Laclede</i>	
b. CITY OR TOWN <i>Lebanon</i> (If outside corporate limits, give TOWNSHIP only)		c. CITY OR TOWN <i>Lebanon Rural</i> 0530 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Wallace Hosp</i>		d. STREET ADDRESS <i>Plato Star Rt.</i> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb <i>10 hrs.</i>			

3. NAME OF DECEASED (Type or print) First Middle Last <i>Helen Marie O Reid</i>			4. DATE OF DEATH Month Day Year <i>July 28, 1958</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 27, 1958</i>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days <i>10</i>	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Lebanon Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
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13a. FATHER'S NAME <i>Kernard Reid</i>	13b. MOTHER'S MAIDEN NAME <i>Mary M Decker</i>	14. NAME OF HUSBAND OR WIFE <i>none</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Kernard Reid, Lebanon Mo.</i> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Prematurity</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 hours</i>
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <i>776x</i>
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20c. TIME OF INJURY Hour Month, Dgy, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <i>July 27-58</i> to <i>July 28-58</i> and last saw her alive on <i>July 28, 1958</i> Death occurred at <i>8:05 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>McClawrence M. D.</i> (Degree or title)	22b. ADDRESS <i>Lebanon Mo.</i>	22c. DATE SIGNED <i>7-31-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>7/29/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Cross Roads Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Laclede Co. Mo.</i>
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24. FUNERAL DIRECTOR <i>Holman</i>	ADDRESS <i>Lebanon Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>7-31-1958</i>	26. REGISTRAR'S SIGNATURE <i>Hella L. Hays</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

Received AUG 6 1958  
Laclede County Health Unit  
File No. 125  
Date Filed AUG 6 1958

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 No Embalming, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222  
P. O. Address Lebanon

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.