

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039385

STATE FILE NUMBER

FILED DEC 10 1958

Registration District No. 098

Primary Registration District No.

Registrar's No. 113

S. 300
1-57

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
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY DAVIESS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY DAVIESS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WINSTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WINSTON 0290 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JESSE CLEMENT REID			4. DATE OF DEATH Month Day Year NOV 28 - 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT-23-1867
9a. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months Days 2 3	IF UNDER 24 HRS. Hours Min. 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) DAVIESS COUNTY
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME DANIEL S. REID	
13b. MOTHER'S MAIDEN NAME SARAH MILLER		14. NAME OF DECEASED WIFE CORA REID	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. X	17. INFORMANT Address Cora Reid Winston, MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction (arteriosclerosis) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Senility DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222			INTERVAL BETWEEN ONSET AND DEATH years
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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	
21. I attended the deceased from Nov 18 1958 to Nov 28 58 and last saw him alive on Nov 26 58 Death occurred at 8 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank K Wilson MD		22b. ADDRESS Winston MO	22c. DATE SIGNED Nov 29 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-30-58	23c. NAME OF CEMETERY OR CREMATORY Winston Cemetery	23d. LOCATION (City, town, or county) (State) Winston MO
24. FUNERAL DIRECTOR ADDRESS Virgil V. Stroup Winston		25. DATE RECD. BY LOCAL REG. 5 Dec. 1958	26. REGISTRAR'S SIGNATURE Walter M. Englebert

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. Erickson*

Licensed Embalmer No. *3302*

P. O. Address *Gallatin*

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.