URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–038935

STATE FILE NUMBER

FILED VS NOV 23 1959 38

MENDED

Registration District No. _____ Primary Registration District No. 3406 Registrar's No. 566

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia
Length of stay in 1b Lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University Med Center
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Boone
c. CITY OR TOWN Columbia
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1410 Rosemary
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Tillie Middle Kemper Last Reid

4. DATE OF DEATH Month Nov Day 18 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 4/11/72
9. AGE (last birthday) 87
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Boone Co Mo
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Peter Reid
13b. MOTHER'S MAIDEN NAME Susan Warnock
14. NAME OF HUSBAND OR WIFE William Reid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. –
17. INFORMANT Hospital CHART Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute myocardial infarction
Severe Coronary artery disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ~~Myocardial ischemia Post operative Stroke~~
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Resection of approx 6 in. ileum to correct small bowel obstruction.
Apparently Benign Small bowel (ileum) tumor.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 7:20 Pm 11-18-59, to 7:55 Pm 11-18-59 and last saw her/him alive on 7:55 Pm 11/18/59
Death occurred at 7 55 Pm 11/18/59 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John Keith Logan M.D.
22b. ADDRESS Univ. of Mo. Medical Center
22c. DATE SIGNED Nov 19. 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 20, 1959
23c. NAME OF CEMETERY OR CREMATORY Columbia Cem.
23d. LOCATION (City, town, or county) Columbia (State) Mo

24. FUNERAL DIRECTOR Parker Funeral Services ADDRESS Columbia, Mo
25. DATE RECD. BY LOCAL REG. Nov 20, 1959
26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed George A. Kerby

Licensed Embalmer No. 4752

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.