URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 8 1960

60-024151

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3066 Registrar's No. 175

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Moberly
Length of stay in 1b: 40 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 825 Vincil
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Randolph
c. CITY OR TOWN: Moberly
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 825 Vincil
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: EARL Middle: WEHRY Last: REID

4. DATE OF DEATH: Month June Day 30 Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-5-1890
9. AGE (last birthday): 70
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): Shoe Worker
10b. KIND OF BUSINESS OR INDUSTRY: Brown Shoe Co.
11. BIRTHPLACE (City and state or country): Johnstown Penn.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James A. Reid
13b. MOTHER'S MAIDEN NAME: Nannie S. Burnham
14. NAME OF HUSBAND OR WIFE: Eva 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.: 491-07-1027
17. INFORMANT: Mrs. Eva Reid Address: Moberly Mo.

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): Valvular Heart Disease
INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.
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)
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 1956, to 1960 and last saw ~~her~~ him alive on 3 mo. ago.
Death occurred at Moberly, Mo 7:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C C Smith M.D.
22b. ADDRESS: 312½ W Reed Moberly Mo.
22c. DATE SIGNED: 7-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 8 1960
23c. NAME OF CEMETERY OR CREMATORY: Oakland Cemetery
23d. LOCATION (City, town, or county) (State): Moberly Mo.

24. FUNERAL DIRECTOR: Cater Funeral Home ADDRESS: Moberly Mo.
25. DATE REC'D. BY LOCAL REG.: 7-2-60
26. REGISTRAR'S SIGNATURE: Leake Lane

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

JUL 13 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. M. Cater

Signature of Student Embalmer

Licensed Embalmer No. 411

P. O. Address Moberly

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