

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031214

FILED VS SEP 14 1960

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. \_\_\_\_\_ Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <b>LEWIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LEWIS</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>UNION TWSP.</b>		Length of stay in 1b	c. CITY OR TOWN <b>MAYWOOD</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 mi. East MAYWOOD</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3 mi. East Maywood</b>	
3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>IDA</b> Last <b>REID</b>			4. DATE OF DEATH Month <b>SEPTEMBER</b> Day <b>4</b> Year <b>1960</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/20/01</b>	9. AGE (last birthday) <b>58</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XXXXXXXXXXXXXX</b>	11. BIRTHPLACE (City and state or country) <b>KELLERVILLE, ILL.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>SOLLIS MOORE</b>		13b. MOTHER'S MAIDEN NAME <b>LUCY OGLE</b>		14. NAME OF HUSBAND OR WIFE <b>J. OREN REID</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>J. OREN REID MAYWOOD, MISSOURI</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Melanocarcinoma - Generalized Metastasis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
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) <b>Fibrosarcoma Hand</b>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____				
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	
21. I attended the deceased from <b>1955</b> to <b>Sept 4, 1960</b> and last saw her <sup>born</sup> alive on <b>Aug. 20, 1960</b> Death occurred at <b>Sept 4, 1960</b> <b>1 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Hugh S. Epler</b>		(Degree or title) <b>M.D.</b>	22b. ADDRESS <b>Quincy Ill.</b>		22c. DATE SIGNED <b>9/5/60</b>
23a. BURIAL, CREATION, REMOVAL (Specify) <b>BURIAL</b>	23b. ATE <b>9/6/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>QUINCY MEMORIAL PARK</b>	23d. LOCATION (City, town, or county) (State) <b>QUINCY, ILLINOIS</b>		
24. GENERAL DIRECTOR <b>Charles L. Crawford</b>	ADDRESS <b>Lewistown, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9-9-60</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Henry Lloyd</b>		

DOCUMENT

MEDICAL CERTIFICATION

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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles L. Arnold

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISS

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.