MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

APR FILED 21 65 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 153 STATE FILE NUMBER 0016860

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY St Francis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rt #1 Farming Ton Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mineral Area Hosp — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY St Francois
c. CITY OR TOWN FLAT RIVER — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) FLAT RIVER, MO — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First MATTIE-PEARL Middle - Last REID
4. DATE OF DEATH Month APR Day 14 Year 1965.
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 8-27-1886.
9. AGE (last birthday) 78
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 HOUSEWIFE
11. BIRTHPLACE (City and state or country) PATTON, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOHN MONTGOMERY
13b. MOTHER'S MAIDEN NAME ELIZABETH WOMACK.
14. NAME OF HUSBAND OR ~~WIFE~~ DE-WITT REID.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 365-16-3663
17. INFORMANT Address JOHN REID - MORGANFIELD, KENTUCKY.

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) Massive hemorrhage — INTERVAL BETWEEN ONSET AND DEATH approx 15 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) per diaphragis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5-6 yrs post CVA ; Rt Sided Hemiplegia Rt side
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 4-5-65, to 4-14-65 and last saw her ~~him~~ alive on 8AM 4-14-65
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mark McAllen Jr D.O.
22b. ADDRESS Mineral Area Osteopathic Hosp
22c. DATE SIGNED 4-14-65

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-16-65
23c. NAME OF CEMETERY OR CREMATORY White Water Cemetery.
23d. LOCATION (City, town, or county) (State) Yount - Mo.

24. FUNERAL DIRECTOR ADDRESS CALDWELL & SONS FLAT RIVER, MO.
25. DATE RECD. BY LOCAL REG. Apr. 16, 1965
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

APR 22 1965

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 David P. Caldwell

Licensed Embalmer No. 5184

P. O. Address Flat River, Mo.

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.