

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26576

36

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5427 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY OR TOWN Villa Ridge		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Villa Ridge	
d. FULL NAME OF HOSPITAL OR INSTITUTION Villa Ridge, Mo.		d. STREET ADDRESS (If rural, give location) Villa Ridge, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Adele c. (Last) Reynolds		4. DATE OF DEATH (Month) (Day) (Year) July 18, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 2nd, 1881
9. AGE (In years) last birthday 67		10. MONTHS 8	11. DAYS 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home-maker.		10b. KIND OF BUSINESS OR INDUSTRY Own home.	11. BIRTHPLACE (State or foreign country) Villa Ridge, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Jones.	
13b. MOTHER'S MAIDEN NAME Sarah Gardner.		14. NAME OF HUSBAND OR WIFE John W. Reynolds.	
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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Urea Maddox
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute Cardiac Decompensatory Chronic Myocarditis 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. DATE OF OPERATION 1949	
19a. DATE OF OPERATION 1949		19b. MAJOR FINDINGS OF OPERATION 11222	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) None	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Washington, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 18, 1949		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
22. I hereby certify that I attended the deceased from 1940 , 19____, to July 18 , 19 49 , that I last saw the deceased alive on July 14 , 19 49 , and that death occurred at 3:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Mary B. Gross		23b. ADDRESS Washington, Mo.	23c. DATE SIGNED July 20, 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 20, 1949	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery	24d. LOCATION (City, town, or county) (State) Villa Ridge, Mo.
DATE REC'D BY LOCAL REG. July 19-1949	REGISTRAR'S SIGNATURE Mary B. Gross	94	25. FUNERAL DIRECTOR'S SIGNATURE Hieburg & Vitt, Inc.
		ADDRESS Washington, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MAY 15 1979
District Health Officer No. 9,
District File Number

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.

Signed _____
Student Embalmer

Signed *Lester W. Velt* _____

Licensed Embalmer No. *3254*

P. O. Address *Washington, D.C.*

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 this body is not embalmed, fact should be so stated above.