

FILED OCT 14 1949 STANDARD CERTIFICATE OF DEATH

State File No. 29224

BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 5047 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Rural</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Monett</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 39 7 mi S of Aurora</u>		d. STREET ADDRESS (If rural, give location) <u>415 Lincoln Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>John</u> c. (Last) <u>Reynard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 26 1869</u>
9. AGE (In years last birthday) <u>80</u>		10. MONTH <u>2</u>	11. DAYS <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Piedmont Valley Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Paul Frank Reynard</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Long</u>	
14. NAME OF HUSBAND OR WIFE - Deceased <u>Susan Curdin Reynard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Eather R. Walton</u>		ADDRESS <u>Aurora Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prohem neck & internal injuries</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>E8224</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>32</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 39</u>	
21c. (CITY, TOWN, OR TOWNSHIP) / (COUNTY) (STATE) <u>Leann W Barry Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 30, 1949 3:15 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Car hit loose grave) + turned over</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>also on July 30, 1949</u> , and that death occurred at <u>3:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul D. Hubert / coroner</u>		23b. ADDRESS <u>Leasville, Mo.</u>	
23c. DATE SIGNED <u>8-5-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 1, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Waldensian</u>		24d. LOCATION (City, town, or county) (State) <u>2 mi S of Monett - Barry - Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-7-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Gene Hudson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Dillon Funeral Home</u>		ADDRESS <u>Monett Mo</u>	

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

RECEIVED OCT 8 1949
District Health Office No. 6,
District File Number 1049-1103
Date Filed 10-11-49

OCT 31 1949

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
Student Embalmer

Signed *J. P. Buchanan*
Licensed Embalmer No. 3149

P. O. Address *Marrett 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 this body is not embalmed, fact should be so stated above.