

FILED JUN 12 1950

STANDARD CERTIFICATE OF DEATH

State File No. 17631

BIRTH NO. _____ REG. DIST. NO. 244 PRIMARY REG. DIST. NO. 5834 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY **Newton**
b. CITY (If outside corporate limits, write RURAL and give town) **"Rural" Marion**
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION **Route #1 Diamond**

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE **Missouri** b. COUNTY **Newton**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **"Rural" Marion** 0730
d. STREET ADDRESS (If rural, give location) **Route #1 Diamond**

3. NAME OF DECEASED
a. (First) **Hattie** b. (Middle) **P.** c. (Last) **REYNOLDS**
4. DATE OF DEATH (Month) (Day) (Year) **May 31, 1950**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **Aug. 20, 1880** 9. AGE (In years last birthday) **69** IF UNDER 1 YEAR (Month) (Day) **9 11** IF UNDER 24 HRS. (Hour) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) **Rocky Comfort, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Romulus Rogers** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Thomas Reynolds, Diamond** Btl

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. **None** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Thomas Reynolds Rt. #1 Diamond, Mo.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **acute dilatation of heart sudden**
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **Chr myocarditis 4 mo.**
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-12**, 19**50**, to **6-31**, 19**50**, that I last saw the deceased alive on **5-12**, 19**50**, and that death occurred at **2:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) **W. B. York M.D.** 23b. ADDRESS **Parsonia Mo.** 23c. DATE SIGNED **6-1-50**

24a. BURIAL, CREMATION REMOVAL (Specify) **Burial** 24b. DATE **6-2-50** 24c. NAME OF CEMETERY OR CREMATORY **Berwick Cemetery** 24d. LOCATION (City, town, or county) (State) **#. of Granby, Mo.**

DATE REC'D BY LOCAL REG. **6-2-50** REGISTRAR'S SIGNATURE **Mrs. Allie Parnell** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Ulmer Funeral Home Carthage, Mo.**

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 650-124

Date Filed JUN 5 1950

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Licensed Embalmer No. 4194

P. O. Address _____

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.