No. 300
10-48

FILED DEC 22 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 41776

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 5956 Registrar's No. 20

0820
1

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

**1. PLACE OF DEATH**
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Calument
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD Clarksville, Missouri

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Calument 0820
d. STREET ADDRESS (If rural, give location): RFD--Clarksville, Missouri

**3. NAME OF DECEASED** (Type or Print)
a. (First): ARDELL
b. (Middle): MAY
c. (Last): REYNOLDS

**4. DATE OF DEATH** (Month) (Day) (Year): Dec. 11, 1950

**5. SEX**: Female 3
**6. COLOR OR RACE**: Colored
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: March 30, 1890
**9. AGE** (In years last birthday): 60 — IF UNDER 1 YEAR: Months 8, Days 11 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: Housekeeping
**11. BIRTHPLACE** (State or foreign country): Clarksville, Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: U. S.

**13a. FATHER'S NAME**: Flave Harrington
**13b. MOTHER'S MAIDEN NAME**: Lizy Mackey
**14. NAME OF HUSBAND OR WIFE**: Henry 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** ADDRESS: Mr. Henry Reynolds, RFD, Clarksville, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): cerebral vascular accident

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): hypertension
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 331X

**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): Rural Calument Pike Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**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* Dec. 7, 1950, *to* Dec. 11, 1950, *that I last saw the deceased alive on* Dec. 7, 1950, *and that death occurred at* 6 40 A. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): John H. Hooker, M.D.
**23b. ADDRESS**: Clarksville, Mo.
**23c. DATE SIGNED**: 12-13-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 12/13/50
**24c. NAME OF CEMETERY OR CREMATORY**: Riverview Cemetery
**24d. LOCATION** (City, town, or county) (State): Louisiana, Missouri

**DATE REC'D BY LOCAL REG.**: Dec. 13-/50
**REGISTRAR'S SIGNATURE**: Suda Richards 256
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Sterne Funeral Home, Louisiana, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: DEC 1 9
DISTRICT HEALTH OFFICE
District File Number 12-5
Date Filed: DEC 2 0 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 Embalmer No.....

Signed J B Sterne

Signed.....
Student Embalmer

Licensed Embalmer No. 4039

P. O. Address Louisiana, M

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

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