

FILED MAR 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9257
Registrar's No. DATE

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Laplata</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Laplata</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>T. Lloyd</u>	b. (Middle) <u>Earl</u>	c. (Last) <u>Reynolds</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>3-12-1951</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1-17-1886</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sec.</u>	11. BIRTHPLACE (State or foreign country) <u>Macon Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Wesley Reynolds</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Self</u>	14. NAME OF HUSBAND OR WIFE <u>Tena Reynolds</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>	16. SOCIAL SECURITY NO. <u>442-057219</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tena Reynolds</u> ADDRESS <u>Laplata 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4201</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 12, 1951, to March 12, 1951 that I last saw the deceased alive on March 12, 1951, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Nelso G. ...</u> (Degree or title)	23b. ADDRESS <u>Laplata Mo</u>	23c. DATE SIGNED <u>3/13/1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 14 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laplata</u>	24d. LOCATION (City, town, or county) (State) <u>Laplata Mo</u>
DATE REC'D BY LOCAL REG. <u>Mar 14 51</u>	REGISTRAR'S SIGNATURE <u>Edith D. Sears</u> 186	FUNERAL DIRECTOR'S SIGNATURE <u>D.S. ...</u> ADDRESS <u>Laplata Mo</u>	

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

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X-

RECEIVED 3.19.51
MACON COUNTY HEALTH DEPARTMENT
County File No. 3.571.49
Date Filed 3.19.51

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. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.