

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 8 1951

2264
1

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cole</u>	
b. CITY (or outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo.</u> <u>0264</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>922 Rear E. Dunklin St</u>		d. STREET ADDRESS (If rural, give location) <u>922 Rear E. Dunklin</u>	
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>JAMES</u> c. (Last) <u>REYNOLDS</u>			4. DATE OF DEATH <u>May</u> (Month) <u>5</u> (Day) <u>1951</u> (Year)
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-28-1866</u>
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>8</u>	11. DAYS <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Callaway County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Paul Reynolds</u>	
13b. MOTHER'S MAIDEN NAME <u>Sukie Hart</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Reynolds</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Martha Reynolds</u>		ADDRESS <u>922 Rear E. Dunklin</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>arteriosclerotic heart d</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Renelitis</u> 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 <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Minute)		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 <u>Feb 10, 1949</u> , to <u>May 1, 1957</u> , that I last saw the deceased alive on <u>May 1, 1957</u> , and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Kanigawa</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1 Dallmeyer Bldg</u>	
23c. DATE SIGNED <u>5/5/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-6-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Jefferson</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 5-1957</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Davis</u>		ADDRESS <u>700 Jefferson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DISTRICT HEALTH OFFICE No. 3 5-7-51

District File Number _____

Date Filed 5-2-51

MAY 21 1951

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  _____

Licensed Embalmer No. 3641

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.