

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17182

550

FILED MAY 28 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5658 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <i>Lawrence</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Lawrence</i>	
b. CITY OR TOWN <i>Rural - Vineryard</i>	c. LENGTH OF STAY (In this place) <i>8 years</i>	c. CITY OR TOWN <i>Rural - Vineryard</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Rural 3 1/2 miles north west of city</i>		d. STREET ADDRESS (If rural, give location) <i>Rural 3 1/2 miles north west of city</i>	
3. NAME OF DECEASED a. (First) <i>JOHN</i> b. (Middle) <i>LINNEL</i> c. (Last) <i>REYNOLDS</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 7 - 1951</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 22 - 1895</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Newton Count. Mo.</i>
13a. FATHER'S NAME <i>Joe Reynolds</i>		13b. MOTHER'S MAIDEN NAME <i>Caroline Patterson</i>	13c. NAME OF HUSBAND OR WIFE <i>Ade G. Reynolds</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Ade G. Reynolds, Rural, Mo.</i>
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) <i>Suicide</i> ANTECEDENT CAUSES 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 <i>E976X</i>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>In home</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>May 7, 1951 9:30 AM</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Starks City Rural, Lawrence, Mo.</i>		21f. HOW DID INJURY OCCUR? <i>Shot self with shot gun</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>H. A. Holmes, M.D.</i>		23b. ADDRESS <i>1111 W. Vernon St.</i>	
23c. DATE SIGNED <i>5-12-51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Clean Creek Baptist</i>		24d. LOCATION (City, town, or county) (State) <i>Newton County, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>May 17, 1951</i>		REGISTRAR'S SIGNATURE <i>Cecil Gendrick</i>	
		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Willie Bra, Pure City, Mo.</i>	

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED MAY 22 1951

Dist. File 551-173

Date filed 5-23-51

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

Edwin J. Wilks

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. ....

Signed

Edwin J. Wilks

Licensed Embalmer No. 4131

P. O. Address Green Bay, 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.