

FILED MAR 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4253

State File No. ....

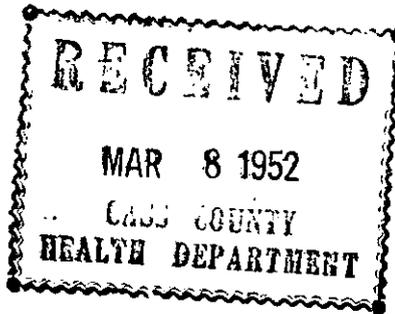
Registrar's No. 31

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4098		State File No. ....		Registrar's No. 31					
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belton			c. LENGTH OF STAY (in this place) 68 yrs.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belton			0190				
d. FULL NAME OF HOSPITAL OR INSTITUTION. 903 Main				d. STREET ADDRESS (If rural, give location) 903 Main									
3. NAME OF DECEASED (Type or Print) WILLIAM BERRY REYNOLDS			a. (First)			b. (Middle)			c. (Last)				
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-13-1866		9. AGE (In years last birthday) 86		10. F UNDER 1 YEAR Months Days		11. F UNDER 10 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (State or foreign country) Jefferson Co. Ky. /			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME George W. Reynolds				13b. MOTHER'S MAIDEN NAME Telitha Ann Robinson				14. NAME OF HUSBAND OR WIFE Almina 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 Clarence Reynolds Belton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypo-static Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac De-compensation</u> DUE TO (c) <u>Hypertension</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 24 hrs.  2 wks			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  443X								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) m.		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>Jan</u> , 1950, to <u>3-3</u> , 1952, that I last saw the deceased alive on <u>3-3</u> , 1952, and that death occurred at <u>8:10</u> p.m., from the causes and on the date stated above.													
23a. SIGNATURE <u>John R. McLee D.O.</u>				(Degree or title)				23b. ADDRESS <u>Belton, Mo.</u>		23c. DATE SIGNED <u>3-5-1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-6-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belton Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Cass Co., Mo.</u>						
DATE REC'D BY LOCAL REG. <u>Mar 7 1952</u>		REGISTRAR'S SIGNATURE <u>Nora Barnard</u>			45170			25. FUNERAL DIRECTOR'S SIGNATURE <u>E. K. George &amp; Sons</u>		ADDRESS <u>Belton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

*A. H. George*

Signed.....

Student Embalmer

Licensed Embalmer No. 3645

P. O. Address Grandview 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.