

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **27339**

FILED AUG 21 1952

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 40571		Registrar's No. 10281	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived: If institution, residence before admission) a. STATE Missouri b. COUNTY Butler			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Quin, Mo.		c. LENGTH OF STAY (in this place) 35 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Quin		d. STREET ADDRESS (If rural, give location) City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home---City				d. STREET ADDRESS (If rural, give location) City			
3. NAME OF DECEASED (Type or Print) a. (First) Ruth			b. (Middle) —		c. (Last) Reynolds		4. DATE OF DEATH (Month) (Day) (Year) July 17, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23, 1915		9. AGE (in years last birthday) 37	IF UNDER 1 YEAR Months 0 Days 24	IF UNDER 1 MIN. 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		11. BIRTHPLACE (City and State or Foreign Country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Melvin Reynolds		13b. MOTHER'S MAIDEN NAME Liza Oller		14. NAME OF HUSBAND OR WIFE John 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 Eva Ashcraft ADDRESS Quin, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum					INTERVAL BETWEEN ONSET AND DEATH 1 year	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 —					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) Quin, Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —		21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR? —			
22. I hereby certify that I attended the deceased from July 15, 1952 to July 17, 1952 that I last saw the deceased alive on July 15, 1952 and that death occurred at 3:25 m., from the causes and on the date stated above.							
23a. SIGNATURE Scott Cook M.D. (Degree or title)				23b. ADDRESS Quin, Mo.		23c. DATE SIGNED July 26, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cemetery		24b. DATE July 19, 1952	24c. NAME OF CEMETERY OR CREMATORY Quin Cemetery		24d. LOCATION (City, town, or county) (State) Quin, Missouri		
DATE REC'D BY LOCAL REG. Aug. 11 - 1952		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home ADDRESS Camphree, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0120

RECEIVED

2961 61 904 AUG 19 1952
BUTLER CO. HEALTH CENTER

FILE No. 852-417

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 Christine M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.