

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27806

State File No. ....

FILED SEP 8-1952

|   |                           |  |                                       |   |
|---|---------------------------|--|---------------------------------------|---|
| BIRTH NO. ....  |                           | REG. DIST. NO. <u>128</u>  | PRIMARY REG. DIST. NO. <u>5465</u>    | Registrar's No. <u>806</u>  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Green</u> <u>0390</u>   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Barry 0050</u>   |                                       |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - No. Campbell</u>  |                           | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Ozark</u>  |                                       |   |
| c. LENGTH OF STAY (In this place) <u>1 yr.</u>  |                           | d. STREET ADDRESS (If rural, give location) <u>3 1/2 Mi. So. of Aurora, Mo.</u>  |                                       |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North of Springfield Mo</u>  |                           | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 31, 1952</u>   |                                       |   |
| 3. NAME OF DECEASED<br>a. (First) <u>Effie</u>  |                           | b. (Middle) <u>L. Reynolds</u>   |                                       | c. (Last) <u>REYNOLDS</u>   |
| 5. SEX <u>F</u>   | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  | 8. DATE OF BIRTH <u>Oct. 19, 1878</u> | 9. AGE (In years last birthday) <u>73</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>  |                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>  |                                       | 11. BIRTHPLACE (City and State or Foreign Country) <u>Aurora, Missouri</u>              |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>  |                           | 13a. FATHER'S NAME <u>John Boswell</u>   |                                       |   |
| 13b. MOTHER'S MAIDEN NAME <u>Adeline Colclasure</u>   |                           | 14. NAME OF HUSBAND OR WIFE <u>Francis M. Reynolds</u>   |                                       |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |                           | 16. SOCIAL SECURITY NO. <u>None</u>  |                                       | 17. INFORMANT'S SIGNATURE OR NAME <u>Francis M. Reynolds</u> ADDRESS <u>Aurora, Mo.</u> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                   |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of esophagus</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>20 mo.</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u><del>Arteriosclerotic St. disease</del></u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS*<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic St. disease</u> <u>10 year</u> |                                       |   |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION <u>150 X</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)   |                           | 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>July 1951</u> to <u>8-31, 1952</u> , that I last saw the deceased alive on <u>8-31, 1952</u> and that death occurred at <u>11:00 AM</u> , from the causes and on the date stated above. |                           |  |                                       |   |
| 23a. SIGNATURE <u>Harner C. Marshall, M.D.</u> (Degree or title)  |                           | 23b. ADDRESS <u>Professional Bldg.</u>   |                                       | 23c. DATE SIGNED <u>9-2-52</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                           | 24b. DATE <u>Sept. 3, 1952</u>   |                                       | 24c. NAME OF CEMETERY OR CRYPTORY <u>Clay Hill Cemetery</u>                             |
| 24d. LOCATION (City, town, or county) (State) <u>So. of Aurora, Missouri</u>  |                           | 25. FUNERAL DIRECTOR'S SIGNATURE <u>William Wood</u> ADDRESS <u>Aurora, Mo.</u>  |                                       |   |
| DATE REC'D BY LOCAL REG. <u>9-4-52</u>  |                           | REGISTRAR'S SIGNATURE <u>E. W. Williamson, Registrar</u>   |                                       | 25. FUNERAL DIRECTOR'S SIGNATURE <u>William Wood</u> ADDRESS <u>Aurora, Mo.</u>         |

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

**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 William Hood

Licensed Embalmer No. 4539

P. O. Address Amora, 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.