

AUG 25 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 38
 Registrar's No. 38

| | | | | | | | |
|---|--|--|--|--|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>347</u> | | PRIMARY REG. DIST. NO. <u>6156</u> | | Registrar's No. <u>38</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Stone</u> <u>1040</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u> <u>1040</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural James Twsp</u> | | c. LENGTH OF STAY (in this place) <u>1 year</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural James Twsp</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reeds Spring</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Reeds Spring</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>OLLIE</u> b. (Middle) <u>HAZEL</u> c. (Last) <u>REYNOLDS</u> | | | 4. DATE OF DEATH August <u>9</u> 1952 | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u> | | 8. DATE OF BIRTH <u>April 2, 1890</u> | |
| 9. AGE (in years last birthday) <u>62</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 4 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Shelbina, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Z P Hazel</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>-----</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>Unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs C. V. Massey, Reeds Spring, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis, acute</u> <u>few min.</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary arteriosclerosis</u> <u>Sev. yrs.</u> DUE TO (c) <u>Diabetes mellitus</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 <u>"</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>260X</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>2-20, 1948</u> , to <u>8-9</u> , 1952, that I last saw the deceased alive on <u>8-7, 1952</u> , and that death occurred at <u>3:15P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>G. Lemmon</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>Springfield, Mo.</u> | | 23c. DATE SIGNED <u>8-11-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Aug 12, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Aug 12-52</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Alma Schmeier</u> <u>317</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Springfield, Mo.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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 Gene B. Hunter

Licensed Embalmer No. 4739

P. O. Address Springfield, 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.