

No. 300
v. 10.48

NOV 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34269

State File No.

BIRTH NO. --- REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1076

0117

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL, and give town) <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>8 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Corning</u> <u>0440</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1402 Locust Street</u>		d. STREET ADDRESS (If rural give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>	b. (Middle) <u>Ella</u>	c. (Last) <u>Reynolds</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 9, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 8, 1864</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>In the home</u>	11. BIRTHPLACE (State or foreign country) <u>Kirksville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>William H. Reynolds</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eva Jane Kilgore</u> ADDRESS <u>1402 Locust St. Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mononucleosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u>		
	DUE TO (c) <u>arteriosclerosis</u>		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9/20, 1952, to 10/9, 1952, that I last saw the deceased alive on 10/9, 1952, and that death occurred at 9:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank J. Nordeman</u>	23b. ADDRESS <u>650 Francis St</u>	23c. DATE SIGNED <u>10/10/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial & Removal</u>	24b. DATE <u>4/10/12/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope</u>	24d. LOCATION (City, town, or county) (State) <u>New Corning, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 13, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl E. Carter</u>	25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS <u>Wilbur L. Schooley - Corning, Mo.</u>
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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 _____

myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Wilber L. Schoolev*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.