

FILED JAN 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 986

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 49

|   |  |   |  |                                |  |
|---|--|---|--|--------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br>Greene  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br>Missouri |  | b. COUNTY<br>Greene            |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br>Springfield |  | c. LENGTH OF STAY (In this place)<br>25 years   |  | c. CITY OR TOWN<br>Springfield |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>732 N. Kansas Avenue                                   |  | e. STREET ADDRESS (If rural, give location)<br>732 N. Kansas Avenue 03960                                     |  |                                |  |

|  |  |   |  |  |  |  |  |   |  |
|--|--|---|--|--|--|--|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>MARY   |  | a. (First)                                |  | b. (Middle)<br>ANNIE   |  | c. (Last)<br>REYNOLDS                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>Jan. 13, 1954 |  |
| 5. SEX<br>Female   |  | 6. COLOR OR RACE<br>White                 |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Widowed              |  | 8. DATE OF BIRTH<br>4 July 1872        |  | 9. AGE (In years last birthday)<br>81                     |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Home |  | 11. BIRTHPLACE (City and State or Foreign Country)<br>Webster County, Missouri |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A. |  |   |  |

|  |  |                                      |  |   |  |
|--|--|--------------------------------------|--|---|--|
| 13a. FATHER'S NAME<br>Newt Prow  |  | 13b. MOTHER'S MAIDEN NAME<br>Unknown |  | 14. NAME OF HUSBAND OR WIFE<br>Joseph H. Reynolds   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No |  | 16. SOCIAL SECURITY NO.<br>None      |  | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS<br>G.A. Reynolds, 1154 S. Pickwick Ave., Springfield, Missouri. |  |

|   |  |   |  |                                  |  |
|---|--|---|--|----------------------------------|--|
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br>Pneumonitis   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) Cerebral Hemorrhage |  | 1-8-54<br>78 1-12-54<br>1-7-54   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>Senility   |  |   |  |                                  |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 19a. DATE OF OPERATION                               |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br>Accident |  | 21b. PLACE OF INJURY (e.g., in or about home, in factory, street, office bldg., etc.)<br>Home |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br>Springfield green Missouri       |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 21d. TIME OF INJURY<br>(Month) (Day) (Year) (Hour)<br>Jan. 7 1954 m.   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?<br>Just fell in the home. |  |
| 22. I hereby certify that I attended the deceased from 1-8-1954, to 1-12-1954 that I last saw the deceased alive on 1/12/1954, and that death occurred at 12:30A m., from the causes and on the date stated above. |  |   |  |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 23a. SIGNATURE<br>C. E. Keller M.D.                                  |  | 23b. ADDRESS<br>689 Cherry Springfield Mo                                |  | 23c. DATE SIGNED<br>1-15-54                              |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial                  |  | 24b. DATE<br>1-16-54   |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Oak Grove Cemetery |  |
| 24d. LOCATION (City, town, or county) (State)<br>Blackford, Kentucky |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Frank C. Pheme Springfield, Missouri |  | ADDRESS  |  |
| DATE REC'D BY LOCAL REG.<br>1-15-54                                  |  | REGISTRAR'S SIGNATURE<br>Edith Williamson                                |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
2nd added by Ed Keller 1/15/54

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.....  
Signature of Student Embalmer

Signed *Ralph H. Thorne*.....  
Licensed Embalmer No. 3681

Springfield, M  
P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.