

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1134**

BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **5549** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY <b>Howard Co. Home.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Howard.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Russell Redmons.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Franklin Rural, Mo.</b>	
c. LENGTH OF STAY (In this place) <b>7 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Howard Co. Home.</b>			

3. NAME OF DECEASED (Type or Print) <b>Alva</b>	a. (First)	b. (Middle)	c. (Last) <b>Reynolds.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 4 - 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Nov. 1874</b>	9. AGE (In years) (If under 1 year, give months) (If under 12 months, give days) (If under 12 hours, give hours) (If under 15 minutes, give minutes) <b>80 years</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seaman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm.</b>	11. BIRTHPLACE (State or foreign country) <b>Howard Co.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Not Known</b>	13b. MOTHER'S MAIDEN NAME <b>Not Known</b>	14. NAME OF HUSBAND OR WIFE <b>Single</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>None</b>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac decompensation</b>		<b>5 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral hemorrhage</b> DUE TO (c) <b>Hypertensive cardiovascular disease</b>		<b>6 hrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>443x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Natural</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Franklin Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>	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 **Feb 23, 1954**, to **Feb 4, 1954**, that I last saw the deceased alive on **Feb 3, 1954**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wm J. Shaw, Jr. M.D.</b>	23b. ADDRESS <b>Lee Hosp. Fayette Mo</b>	23c. DATE SIGNED <b>2-10-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Reburial</b>	24b. DATE <b>Feb. 6 - 54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Clark Chapel</b>	24d. LOCATION (City, town, or county) (State) <b>Franklin Mo.</b>
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DATE REC'D BY LOCAL REG <b>2-10-54</b>	REGISTRAR'S SIGNATURE <b>Mary H. Skellon</b>	FUNERAL DIRECTOR'S SIGNATURE <b>W. R. Hall</b>	ADDRESS <b>New Franklin Mo.</b>
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(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: *H. L. Hall*

Licensed Embalmer No. *3515*

P. O. Address *7th Franklin*

**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.