

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**5083**

State File No. \_\_\_\_\_

**651**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

|  |  |  |  |
|--|--|--|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Jackson</u><br>b. CITY OR TOWN <u>Kansas City</u><br>c. LENGTH OF STAY (In this place) <u>50 years</u><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3305 Olive</u>   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Jackson</u><br>c. CITY OR TOWN <u>Kansas City</u><br>d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>e. STREET ADDRESS (If rural, give location) <u>3305 Olive</u> |  |
| <b>3. NAME OF DECEASED</b> (Type or Print)<br>a. (First) <u>WILLIAM</u><br>b. (Middle) <u>C.</u><br>c. (Last) <u>REYNOLDS</u>  |  | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><u>February 8 1954</u>   |  |
| <b>5. SEX</b> <u>Male</u>  | <b>6. COLOR OR RACE</b> <u>White</u>       | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><u>Married</u>  | <b>8. DATE OF BIRTH</b><br><u>February 26 1874</u>   |
| <b>9. AGE</b> (In years last birthday) <u>79</u>   | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 12 HRS.<br>Hours _____ Min. _____   | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>U.S.A.</u> |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>Lawyer</u>  |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>Law</u>   |  |
| <b>11. BIRTHPLACE</b> (City and State or Foreign Country)<br><u>Pike County Missouri</u>   |  | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>U.S.A.</u>   |  |
| <b>13a. FATHER'S NAME</b><br><u>Dodridge Reynolds</u>  |  | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Louisa Brown</u>  |  |
| <b>14. NAME OF HUSBAND OR WIFE</b><br><u>Edna Reynolds</u>   |  |  |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |  | <b>16. SOCIAL SECURITY NO.</b><br><u>None</u>  |  |
| <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><u>Edna Reynolds - 3305 Olive</u>  |  | <b>ADDRESS</b><br><u>3305 Olive</u>  |  |
| <b>18. CAUSE OF DEATH.</b> Enter only one cause per line for (a), (b), and (c)<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.   |  |  |  |
| <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary atherosclerosis</u>  |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><u>15 years</u>   |  |
| <b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Peripheral arteriosclerosis</u>  |  | <u>20 years</u>  |  |
| DUE TO (c) _____   |  |  |  |
| <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>4201</u>  |  |  |  |
| <b>19a. DATE OF OPERATION</b>  |  | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><u>2</u>  |  |
| <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |  |  |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)  |  | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>   |  |  |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)  |  | <b>21e. INJURY OCCURRED</b><br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |
| <b>21f. HOW DID INJURY OCCUR?</b>  |  |  |  |
| <b>22. I hereby certify that I attended the deceased from <u>Nov 15 1940</u>, to <u>2-8</u>, 19<u>54</u>, that I last saw the deceased alive on <u>2-8</u>, 19<u>54</u>, and that death occurred at <u>7:30 P. m.</u>, from the causes and on the date stated above.</b> |  |  |  |
| <b>23a. SIGNATURE</b> <u>William C. Van Buskirk</u> (Print name or title)  |  | <b>23b. ADDRESS</b><br><u>612 Professional Bldg.</u>   |  |
| <b>23c. DATE SIGNED</b><br><u>10 Feb 54</u>  |  |  |  |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><u>Burial</u>  |  | <b>24b. DATE</b><br><u>Feb 11 1954</u>   |  |
| <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><u>mt Washington Cemetery</u>   |  | <b>24d. LOCATION</b> (City, town, or county) (State)<br><u>Kansas City Missouri</u>  |  |
| <b>DATE REC'D BY LOCAL REG.</b><br><u>2-10-54</u>  |  | <b>REGISTRAR'S SIGNATURE</b><br><u>Seraldine Smith</u>   |  |
| <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><u>Hilke Funeral Home - 2315 Linwood</u>  |  | <b>ADDRESS</b><br><u>2315 Linwood</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

11:30 - 5:00 P.M.  
Prof

**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 *Chas E Walks*.....

Licensed Embalmer No. *264*

P. O. Address *19 E Maple*

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.