

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

State File No. **5799**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **4450** Registrar's No. **426**

1. PLACE OF DEATH a. COUNTY RIPLEY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY RIPLEY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DONIPHAN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - GATEWOOD	
c. LENGTH OF STAY (in this place) 2 DAYS		d. STREET ADDRESS (If rural, give location) BRIAR - Rt. # 7	
d. FULL NAME OF HOSPITAL OR INSTITUTION COMMUNITY HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) REYNOLDS c. (Last) REYNOLDS			4. DATE OF DEATH (Month) (Day) (Year) FEB. 15-1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 7-1877	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 5 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		11. BIRTHPLACE (State or foreign country) WICKLIFFE - KENTUCKY	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME CHARLES REYNOLDS		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MARY REYNOLDS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MARY REYNOLDS - DONIPHAN-Mo.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Lung abscess				INTERVAL BETWEEN ONSET AND DEATH 2 days years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				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 2/12, 1954, to 2/15, 1954, that I last saw the deceased alive on 2/13, 1954, and that death occurred at 7:50 a. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Frank Johnson</i> (Degree or title) MD		23b. ADDRESS Doniphan Mo		23c. DATE SIGNED 2/18/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 16-1954		24c. NAME OF CEMETERY OR CREMATORY PONDER CEMETERY	
24d. LOCATION (City, town, or county) (State) PONDER - MISSOURI					

DATE REC'D BY LOCAL REG. 2-18-54		REGISTRAR'S SIGNATURE <i>Ed Johnston</i> 277		25. FUNERAL DIRECTOR'S SIGNATURE EDWARDS FUNERAL HOME		ADDRESS DONIPHAN-Mo.	
---	--	---	--	--	--	---------------------------------------	--

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

No. 300
10-48

910

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 A. Harant

Licensed Embalmer No. 4809

P. O. Address Douglas, Md

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.